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THE

# MEDICAL CHRONICLE.

VOL. VI.] JUNE, 1858. [No. 1.

## ORIGINAL COMMUNICATIONS.

ARTICLE I.—*Case of Cancer of the Tongue removed by the Ecraseur.* By JOHN REDDY, M.D., L.R.C.S.I., &c., Physician to the Montreal General Hospital, &c.

Catherine Legget, aged 30, a thin but rather healthy looking woman, five months pregnant, was admitted under my care into the Montreal General Hospital on the 5th May. States that on the 1st April last she was taking a walk on the Railroad from St. Johns, after proceeding a considerable distance she became thirsty and drank water from a swampy pool on the side of the road, which had a bad sickening taste. Shortly afterwards she was seized with an inclination to vomit, which continued for about an hour and a half; she did not feel any further inconvenience till a few hours after retiring to bed when she was affected with pain in the tongue, accompanied by a very small hard swelling beneath the tip on right side, the following morning she noticed a slight abrasion to the inner side of the tumor. From the moment she perceived the swelling she suffered greatly from a sharp lancinating pain, very troublesome by day, and still more severe by night so that she lost her rest, and was obliged to walk about her room for hours. For the first few days she could not swallow food as usual, and at the end of a fortnight the tumor had increased to such a size that she could with difficulty swallow liquids, the pain at this period was very excruciating, not confined to the part affected, but shooting back to the base of the tongue, and into the throat; touching or moving the tongue caused pain, and speaking had the same

effect; her voice became thick and almost unintelligible; she was greatly annoyed by the saliva constantly flowing from the mouth, but no discharge had ever appeared from the tumor. For about a week its growth seemed to be suspended, but at the end of that time it commenced to enlarge again, till it gained its present size. Her family history is good.

The appearance of the tumor at present is as follows:—it is of a dusky red color, irregular in shape, about the size of an ordinary walnut, occupying the right lateral half of the tongue to tip, a small superficial abrasion being near its centre, it has a nodulated uneven feel, presenting considerable resistance on pressure, and is most painful to the touch. None of the glands about the throat or neck are affected. On the 7th, assisted by my colleague, Dr. Fraser, I explored the tumor, and by the aid of the microscope discovered well-marked cancer cells in the juice, and in a very minute portion of it that came away in the groove of the needle. Several of the physicians of the Hospital who saw the case agreed with me as to the nature of the disease.

On the 10th the patient being chloroformed, a ligature was passed through the centre of tumor, and the chain of the ecraseur being made to include all the diseased part, I commenced the operation, a minute being allowed to elapse between each movement, at the expiration of 34½ minutes the part was divided and bloodless; a few minutes after she was able to speak indistinctly, but was free from pain. Visited her at 9 o'clock, p.m., was free from pain, no signs of hemorrhage, tongue a little swelled, feels inclined to sleep.

11th.—Slept well all night, no fever, tongue still slightly swelled, can swallow liquids without pain, progressing favorably.

12th.—Slept well last night, swelling nearly gone, the part appears healing kindly, can swallow very well, is not confined to bed: has had chicken broth.

13th.—Still progressing favorably, wound is contracting rapidly, was able to swallow a little bread and milk to-day. Feels anxious to get home to her children.

15th.—Wound greatly diminished, healing rapidly, can swallow food with very little difficulty: is going home to-day, but will return in a few days for examination.

19th.—Saw her to-day, wound closing quickly, and looking well and healthy. I think it will be completely closed in a few days, and with less disfigurement than I at first anticipated.

It is a remarkable as well as a singular fact that this makes the third case of a similar character that has occurred within a period of twelve months in the neighborhood (L'Acadie) where this woman resides. She

informed me that she was acquainted with the individuals, a man and woman, both of whom died; and they neglected to apply for relief till the disease had proceeded so far that nothing could be done.

Many object to the use of the ecraseur on account, as they say, of its not making a very surgical looking operation, but in such cases as the above I consider it has decided advantages over other means, and its chief value consists in its not incurring any risk of the free hemorrhage which often attends the use of the knife, while compared with the ligature it entails little or no suppuration, and you obtain your object at once. When operating, the person should be kept as steady as possible, since any sudden movement might cause the chain to tear the part, and thus give rise to bleeding, at least a full minute is necessary between each movement of the instrument. The ligature that isolates or that may pass through the tumor must be kept free of the chain, as at the close of the operation it may cause delay by preventing the divided part dropping off. Dr. McCallum has given a full description of the instrument, accompanied by a wood-cut, in the December number, Vol. V., of the *Chronicle*. He was, I believe, the first to operate with it in Canada, and I am indebted to his kindness for its use on this occasion.

Montreal, May, 1858.

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ART. II.—*Treatment of Varicose Veins by means of Needles and Ligatures*, by J. C. Butler, M.D., Waterloo, Shefford Co., C. E.

The first of January last, Mr. Frederick Chambers, of the Township of Stanbridge, C. E., having Scrofulous diathesis, consulted me in reference to varicose veins of the left leg. Mr. C—— is about 28 years of age; he is a tall man of phlegmatic appearance.

The saphena veins, from the foot to a point near the saphenous opening, were completely obliterated by means of an operation made by me, August 2, 1852, and reported in the February number of the "Canada Medical Journal 1853."

The remains of the saphena vein could be distinctly traced from the ankle to the saphenous opening, which fact was evidence of the complete and successful obliteration of the original trunk and its branches. A collateral venous circulation had been established, which, at the time when last consulted, exhibited a very diseased condition. I advised an operation upon it similar to the one referred to above; which operation I performed the 7th January past, assisted by one of my students, by introducing *five* common brass pins behind the veins, and applying strong silk ligatures, waxed, and drawing them tightly around the ex-

tremeties of the pins, so as to include a portion of the skin and a fold of the vein, and also, to arrest the circulation and induce speedy ulceration of the cinctured parts. Four ligatures were applied at different points below the knee joint and one about four inches above it.

The patient suffered much pain at the points ligatured for a few days, and complained of a hot uneasy sensation and some tenderness, from the lowest point ligatured—the junction of the lower and middle third of the leg, to the saphenous opening, which produced considerable constitutional disturbance, saline cathartics were exhibited daily, and pulvis doveri as indicated—a blister was applied along the track of the principal vessel to the highest point ligatured; it was ordered that the leg be kept elevated, and absolute rest, and a low diet were enjoined. The constitutional disturbance having subsided, new ligatures were applied, lightly as before. The 25th day after the operation, the strangulated portion was removed with the knife, and healthy granulation followed. The patient was dismissed the 15th February, there being considerable atrophy and debility of the limb.

I have lately been informed that Mr. C—— is gradually recovering the use of his leg, and that otherwise, he is in good health.

Waterloo, May, 1858.

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## REVIEWS.

ART. I.—*Silver Sutures in Surgery.* The Anniversary Discourse before the New York Academy of Medicine. Delivered on the 18th Nov., 1857. By J. Marion Sims, M. D., Surgeon to the Woman's Hospital. pp. 69. New York: Samuel S. and William Wood.

In this discourse, Dr. Sims asserts strenuously and proves conclusively his claim to the honor of having first employed silver sutures in Surgery. Some time ago we noticed favourably a pamphlet received from Dr. Bozeman of Alabama, entitled, "Remarks on vesico-vaginal fistula, with an account of a new mode of suture, and seven successful operations." In doing so we stated that our profession was indebted to American Surgeons for the two best and most successful modes of operating in vesico-vaginal fistula; that one mode had been originated by Dr. Marion Sims of Boston, (for which slip we were rapped over the knuckles by our respected exchange, the "Boston Medical and Surgical Journal"; the Marion mistake, however, was made by the printer,) the other by Dr. Bozeman. It turns out that the latter gentleman has merely modified the operation introduced by the former, announcing it as entirely original. "The city

of Montgomery," says Dr. Sims, "was the theatre of my early operations. Bad health compelled me to leave there in 1853. I then gave Dr. Bozeman of that place a partnership in business and indoctrinated him in my peculiar method of operating for vesico-vaginal fistula, instructing him in my various modes of using silver wire as a suture, not only in this class of affections, but in general surgery; not understanding its principle of action, and therefore failing in its practical application, he was quite disheartened with his ill-success, when by mere accident he fell upon a plan of fastening the wire, and so modifying my method, that in awkward or inexperienced hands it became easier of application. Instead of passing the wires through the leaden bars on each side of the fistula, he passed them through a concave disk or "button" which rests upon the surface of the parts to be united." Now while we consider Dr. Bozeman's conduct in this matter deserving of censure, we cannot approve of the way in which Dr. Sims endeavours to make it appear that his former partner is a stupid, inexperienced surgeon who stumbles on a plan, by which his operations become successful notwithstanding his awkwardness, and then calls it an improvement. From what we have read of Dr. B's writings we would certainly award him a more than average amount of ability—more, indeed, than is requisite to understand thoroughly the "principle of action" of Dr. S's. "peculiar method of operating for vesico-vaginal fistula."

Like many other men of talent, Dr. Sims is a thorough-paced egotist, and his egotism takes the hero complexion. He is *called* to the great work of discovering and making known to the world "Silver Sutures in Surgery." In the early part of his career he ignores entirely the treatment of diseases peculiar to women, the class of diseases which is destined to lead him to the fulfilment of his *mission*. This accords beautifully with the experiences of other heroes, whose youth almost invariably gives little or no promise of the subsequent career of *the man*. Surgery is his ambition, and he does not fail to inform his hearers and readers, "it was gratified, for my head and heart and hands were full." Short-sighted and unfortunate young man! he is blindly and vainly endeavoring to run counter to the decrees of fate. His destiny is to treat diseases of women and discover "Silver Sutures in Surgery": but he *will* persist in treating diseases indiscriminately. Man, woman and child experience the benefits of his care, and he stitches their gaping and bloody wounds with saddlers' silk. For ten long years he pursues his course, reckless of the bright and glowing future that awaits him. At length however the time arrives which is to mark the commencement of a series of doubts and fears, of restless nights and anxious days,

of heart flutterings and mental throes—a season, in short, of darkness and trouble, to be succeeded by a glorious burst of light and a great calm. A case of vesico-vaginal fistula is sent to him in July 1845. How important it is to treasure the dates of incidents that determine the career of distinguished men. This case is discharged as being incurable. It is followed by a second, and, like Banquo's ghosts, "by another and another still." Much exercised in mind is he concerning the relief "of the loveliest of all God's creation" from this loathsome malady. Just at this juncture occurred what he is pleased to term *par excellence* the "Providential Incident." A lady is thrown from her pony and suffers from a sudden retroversion of the uterus. He introduces his middle and index fingers into the vagina for the purpose of reducing it. The fingers do not touch the uterus, nor, in a few seconds, the walls of the vagina. They are "swept round, as it were, in empty nothingness." This is at first a "puzzling mystery," but the sudden escape of air from the vagina as the patient places herself on her side reveals to him that the reduction of the dislocated uterus is effected by atmospheric pressure, and he says to himself, "If by this position the atmospheric air can be made to dilate the vagina to such an extent, even with a force strong enough to reduce a dislocated uterus, why will not the same principle allow me to explore this region, and examine accurately any injury or disease to which it may be liable?" Full of this thought he hurries home, places a patient with vesico-vaginal fistula on her knees, with her pelvis elevated and her thorax depressed, and an assistant at each side to elevate and retract the nates. Thrilling moment! "I cannot," says he, "nor is it needful to describe my emotions, when the air rushed in and dilated the vagina to its greatest capacity, whereby its whole surface was seen at one view, for the first time by any mortal man. With this sudden flash of light, with the fistulous opening seen in its proper relations, seemingly without any appreciable process of ratiocination, all the principles of the operation were presented to my mind as clearly as at this time. And thus in a moment, in the twinkling of an eye, new hopes and new aspirations filled my soul, for a flood of dazzling light had suddenly burst upon my enraptured vision, and I saw in the distance the great and glorious triumph that awaited determined and persevering effort." Let us here pause for a few moments to admiringly contemplate this great event and the profound effect which it had on the mind of Dr. Sims. * * * * * * * * * * *
The emotions of Columbus as he stood on the deck of his vessel and looked for the first time on the land of the western hemisphere, rising out of the western waters, must have been indescribable; so, we are told,

were those of the "first mortal man" who saw the whole surface of the vagina at one view. A sudden flash of light reveals the fistulous opening to the eye of the "mortal man," and in a moment, in the twinkling of a bed-post—we beg pardon, of an eye—his soul is filled brimful with those cheap delights commonly called hopes and aspirations. Then a flood of dazzling light having burst suddenly upon his enraptured vision, by its means the hidden things of the future become illumined, and with the eye of a Seer he beholds glorious triumphs looming largely in the distance. Fortunate "mortal man!" After this he embarks fully in his "mission," and, overflowing with sympathy and enthusiasm, he finds himself "running headlong after the very class of sufferers that he had during his former professional life most studiously avoided." His first operations are unsuccessful; his friends desert him; "but," he says, "I was not alone, for I felt that I had a mission *if not of a Divine character, at least but little short of it, of Divine origin.* I felt that the God who had called me to this good work and inspired me with new views for its accomplishment was with me and would not desert me. I could not have ceased my labours if I had tried, for something told me that the fulness of time had arrived, that the work had to be done, and that if I should fall, God in his wisdom would raise up some one as an instrument to carry it forward to a glorious consummation." Despair is out of the question. One so favoured of Heaven, as to be singled out and set apart for the express object of discovering "Silver Sutures in Surgery" and the proper method of treating vesico-vaginal fistula cannot fail. So he continues his operations until he arrives at that state of perfection which can be seen at any time, during proper hours, at the "Woman's Hospital," New York.

We have been led to pen the above remarks, not through any desire to make light of Dr. Sim's discoveries and operations, but solely from an unconquerable antipathy to everything savoring of *cant.* We yield to no one in a profound feeling of reverence for the "Creator of all things;" indeed, this very feeling causes us to regard with a sensation something akin to disgust, every attempt made by vain and presumptuous men to associate their names and their petty doings with the High and Incomprehensible One. It is a failing with the modern as well as the ancient Pharisee to look up to heaven with a self-satisfied countenance and thank his Maker that he is not as other men—or to cry out in self-exultation and self-exaltation "the temple of the Lord, the temple of the Lord am I."

Man, we believe, is, in this world, surrounded by various malign influences which, by the induction of different diseases, tend to bring about

his dissolution. His Creator has not, however, exposed him helplessly to the operation of these influences and their effects. By the gift of reason and the capacity for acquiring knowledge, man is fully furnished with the power necessary to guide him unscathed through this world, until he arrives at the period appointed from the beginning, when a "sickness unto death" removes him from his probationary state. This is, strictly the "Providence of God." It is the duty of man, therefore, to study thoroughly his own delicate organization,—the causes of derangements in the proper and efficient working of that organization, and the means to be employed to restore the body to a healthy and normal state, when invaded by disease. Should he, in the prosecution of his investigations, discover something not before known, it can scarcely be considered that he was specially appointed to make that particular discovery. The most that can be said is—that he honestly and successfully employed the talents confided to his care.

Dr. Sims is a gentleman of undoubted capacity, and this is coupled with an energy and perseverance which few of his fellows possess. In the discharge of the duties of the profession of his choice, he has originated a treatment for vesico-vaginal fistula (well known to our readers) which has been more successful than any hitherto tried. Indeed, we may say, until his admirable and scientific operation was published, surgeons despaired of curing this formidable condition. For this, and for the introduction of Silver wire as a Suture in Surgery he is now distinguished, and his name will receive favorable mention and be handed down with that of other earnest men, who, by the mere force of their genius, and the proper employment of their intellects, without supernatural interference, have made discoveries which have benefitted their race.

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ART. II.—*Elements of Inorganic Chemistry*, including the applications of the Science to the Arts. By Thomas Graham, F.R.S.L. and E, Late Professor of Chemistry in University College, London. Edited by Henry Watts, B.A.F.C.S. and Robert Bridges, M.D. Second American from the second revised and enlarged London Edition. With 233 illustrations on wood. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Quebec: Middleton & Dawson. 1858, p.p. 852.

We have always regarded Graham's Chemistry as one of the best standard works upon the important department of science, to which it is directed, and its merits we believe are so generally admitted that any lengthened commendation from us becomes unnecessary. Suffice it then to observe that we know of no more reliable authority to which reference

can be made than the text of this valuable work, nor of any better adapted to the general purposes of the student in search of sound and profitable intelligence.

The contents are comprised within six chapters which are devoted to the consideration of heat, light, chemical principles, affinity, metalloids and metallics. To the body of the work has been appended a supplement, in which the subjects narrated in the antecedent edition of the former "are brought down to the present time." The determination of the most important Physical constants, viz: the Mechanical Equivalent of heat; the relations between the Chemical and Magnetic effects of the Electric Current and the reduction of its force to absolute Mechanical Measure; also the measurement of the Chemical action of light. The polarization of light is treated in sufficient detail for the wants of the Chemical Student, attention being especially directed to the methods of optical saccharimetory, and to the very remarkable relations between crystaline form and molecular rotatory power discovered by Pasteur."

With these remarks we close this notice feeling that the wide extent of the volume's scope embracing so many diverse subjects prohibits the signalization of any one in particular for critical observation—since none that might be chosen would represent the others and could only speak for itself—and for a similar reason the extraction for the sake of example of a selected portion to shew the usual style and method would also seem precluded. Of the totality it may be curtly observed—it is everywhere good, and the descriptions are as intelligible as they are comprehensive.

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ART. III.—*Transactions of the Medical Society of King's College, London.* Vol. I. Winter Session, 1856-7. Edited by Alfred Meadows, House Physician, and late Physician Accoucheur's Assistant to King's College Hospital. pp. 247. London: R. Burn.

The members of the Society of King's College, in sending out to the world this volume of Transactions, state that, "however feeble their efforts may seem, or fruitless their results, they have this great cause for satisfaction—that the spirit which prompts them is that which is the moving spring of their Society—the cultivation of medicine and the auxiliary sciences by the propagation of a spirit of original observation and research, and of a feeling of friendship and co-operation among those engaged in the pursuit of these sciences." The papers are highly creditable to the different authors, and we would particularly notice those "On Syphilitic Paralysis," by F. C. Anstie; "On the Medical Treatment of Surgical Affections," by Christopher Heath; and "Obser-

vations of Some Functional Diseases of the Uterus," by Alfred Meadows, as exhibiting much painstaking and original observations. The first volume is, in every respect, so creditable to the Society, they ought by all means to continue the publication.

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## CLINICAL LECTURE.

*On Ready Diagnosis.* By Prof. FORGET of Strasbourgh.

(Concluded.)

Suppose now, we have finished with the negative diagnosis, and have got at the seat of trouble. It remains to ascertain the precise character of the disease. A primary condition, which is quite indispensible in this research, is a knowledge of the affections of which the organ is susceptible. Despite all simplifications of the art of diagnosis, it can never be taught to the ignorant. Another essential condition of ready diagnosis, neglected by the classical method, is a knowledge of the relative value of the different elements, and especially of the different symptoms of diseases, in order that the most significant may be first sought. Hence ready diagnoses will never give good results except to practitioners endowed with sagacity and learning.

DIGESTIVE APPARATUS.—We pass by the diseases of the region above the diaphragm, as being commonly of easy diagnosis, and come at once to the stomach. The principal diseases of this viscus are, among acute disorders, dyspepsia (*embarras gastique*), gastritis, gastrorrhagia; among chronic affections, chronic gastritis, simple ulcer, cancer, neuroses.

The most significant symptoms of these affections are the following:

*Embarras gastrique.*—Furred tongue, anorexia, no epigastric tenderness, no fever.

*Gastritis.*—Coated and red tongue, nausea and vomiting, epigastric sensibility, often fever.

*Gastrorrhagia.*—Vomiting of black coagulated blood, antecedent gastric symptoms.

*Chronic gastritis.*—Protracted gastric derangement, epigastric tenderness, often hectic fever.

*Simple ulcer.*—Signs of chronic gastritis, proper signs obscure.

*Gastric neuroses.*—Varied gastric symptoms, tongue clean, no tenderness on pressure, no fever.

These data are common place, yet they are disengaged from insignificant accessories, and I have arranged the most expressive symptoms in the order of their importance as signs. Thus, no *embarras gastrique*

without a furred tongue; add to these pain and fever, have gastritis. Protract these symptoms, and the gastritis is chronic. If simple ulcer has no peculiar positive sign, that is the fault of the science. If cancer itself is often doubtful, it is because it is indicated by symptoms which are equivocal when considered separately, but which interpret each other when grouped. The gastric neuroses are distinguished by the absence of organic symptoms.

The principal diseases of the intestines are simple enteritices, diarrhœa, dysentery, follicular enteritis, different organic lesions, and nervous colic.

*Simple enteritis* has for its chief sign, diarrhœa with abdominal pain, and sometimes fever.

*Dysentery.*—Frequent excretion of sanguinolent mucus, tenesmus, gripes.

*Follicular enteritis.*—Abdominal tenderness, gurgling, dullness in the right iliac fossa, often fever, often typhoid state.

*Organic lesions.*—(Ulcers, tubercles, cancer,) Chronic intestinal disorders (pain, diarrhœa), often hectic fever, cachexy.

*Nervous colic.*—Spontaneous pain not increased by pressure, no fever.

Same general considerations as for gastric affections. Painful diarrhœa is the most significant sign of enteritis; no dysentery without sanguinolent discharges, etc.

Respiratory apparatus.—The chief diseases of this system are: bronchitis, pleurisy, pneumonia, phthisis, emphysema, gangrene and idiopathic asthma.

*Bronchitis.*—Every one knows its signs: cough, mucous sputa, various rhonchi, no dullness.

*Pleurisy.*—Absence of thoracic vibration (in the chest voice), egophony, dullness, stitch in the side, fever or not. Subsequently dilatation, costal immobility.

*Pneumonia.*—Rusty sputum (not constant), crepitant rhonchus, tubal respiration, bronchophony, dullness, often fever.

*Phthisis.*—Dullness, sub-clavicular râles, special sputa; subsequently, cavernous râles, pectoriloquy.

*Emphysema.*—Prominence, sub-clavicular resonancy, sibilus, feebleness of respiratory murmur, chronic dyspnœa (often complicated with bronchitis).

*Œdema.*—Diffused sub-crepitant râles, coincident anasarca.

*Gangrene.*—Odor *sui generis* of the breath and sputa, various pectoral symptoms.

*Idiopathic, essential, nervous asthma* (rare).—Intermittent paroxysms of dsypnœa.

Although commonly better marked than the diseases of other years, pulmonary affections are often obscure, and readily confounded with one another, for they have few pathognomonic signs. The signs of bronchitis are simple enough, but obscure complications often coexist with it. Pleurisy has its distinctive marks, the absence of the thoracic vibration being one of the best, say what they will; but this sign is wanting in women and children, and men with falsette voices. So with egophony, which may be confounded with bronchophony. The other signs are common to various disorders, as dullness, which is even occasionally absent, according to some revolutionists; dilatation of the chest strikingly characterizes, not pleurisy, but chronic and extensive effusion. Apart from the stitch and fever, the signs are the same as those of effusion, a point not sufficiently regarded. Pneumonia has its rusty sputa as a pathognomonic sign, but this is often absent. Fine, dry, crepitant, râle is very characteristic; the bronchial souffle and tubal respiration are more equivocal. The signs of phthisis are obscure and doubtful at first; we gather hints from the constitutional state and the antecedent history (bronchitis, hæmoptysis). We have given only the signs of the confirmed disease, and even these are not absolute, though dullness and râles at the apex leave little doubt. Hæmoptysis is less decisive than is generally supposed. Cavernous respiration and pectoriloquy leave little room for error. The microscope has hitherto only furnished mystification. Emphysema often eludes diagnosis, but its signs have some value; some of the signs of bronchitis have been confounded with them. Œdema of the lungs may be easily mistaken, if only the local symptoms are considered; but the antecedents, and concomitant effusions will clear up the case. Gangrene has its own sign, the odor; which may yet be mistaken. Asthma is characterized by its paroxysmal nature. It will be seen that we openly announce the liabilities of error, and are simply aiming to arrange a schedule of probabilities. We have not spoken of hydrothorax, for its signs are the same as those of other varieties of pleural effusion; we have likewise omitted hydro-pneumothorax, a rare and complex affection, of which hippocratic succussion is the best sign.

Circulatory apparatus.—The principal diseases of the heart are: Pericarditis, endocarditis, organic valvular lesions, and the form of aneurism which is their ordinary result, nervous palpitations, not to speak of fever, of which the heart is the seat, or rather the instrument.

*Pericarditis.*—Friction sound, derangement of circulation, dullness, præcordial prominence.

*Endocarditis.*—Bellows murmur (equivocal), derangement of circulation, concomitant rheumatism or other phlegmasia.

*Valvular lesions.*—Rude bellows murmur, disorders of circulation, œdema, cyanosis, secondary cardiac affections.

*Aneurism.*—(Dilatation, hypertrophy): Signs of disease of valves, dullness, præcordial fullness, disorders of circulation, respiration, etc.

*Nervous palpitations.*—Absence of material lesions.

The diagnosis of heart diseases, the great stumbling block of ordinary practitioners, is comprised in a few signs; but these signs are sometimes difficult to appreciate, or require, at any rate, delicate perception. The friction murmur is an expressive sign of pericarditis where it exists, and is not confounded with modifications of the bruit de souffle. The differential diagnosis of valvular lesions would take us to great lengths. We shall not undertake to classify the signs of diseases of the blood, though they are reducible to a certain order, in which some have greater and others less significance; thus chlorosis has its characteristic pallor and vasculur murmurs, scurvy its sanguineous effusions and special cachexy, etc. The subject is too vast and too much disputed for our present purpose.

Cerebro-spinal apparatus.—This chapter is the most perplexing of all, for though morbid anatomy distinguishes accurately the material lesions of the nervous system, diagnosis encounters difficulties hitherto insurmountable. Anatomically, we admit meningitis, encephalitis, sanguineous and serous apoplexy, ramolissement, diverse organic lesions, and the great class of neuroses. To these the following symptoms alleged to be characteristic, may be assigned:

*Meningitis*—Delirium, convulsions, then coma and paralysis.

*Encephalitis.*—The antecedent signs, plus contraction.

*Sanguineous apoplexy.*—Sudden abolition of sensation and motion, and generally of intelligence.

*Serous apoplexy.*—various cerebral disorders (delirium, convulsions), promptly followed by coma and paralysis, often antecedent dropsies.

*Ramolissement.*—Signs of encephalitis, or else more or less prompt invasion of paralysis and contraction, or else simulation of sanguineous apoplexy.

*Organic lesions* (tubercles, cancer, tumors).—Slow course, progressive paralysis; sometimes obstinate headache; delirium, convulsions; ultimately coma.

*Neuroses* (of sensation, of motion, of the perceptive organs, or complex). —Numerous and varied; usually chronic, apyrexic; not continued.

It is thus seen that the most of these affections have many signs in common, and that not one of them has an individual characteristic symptom. Yet probabilities may be educed from the grouping of symp-

toms we have arranged. Thus delirium and convulsions, followed by coma and relaxation of the limbs, indicate meningitis. To these symptoms add contraction of the flexors, and encephalitis will be the disorder probably. The sudden invasion of paralysis pertains particularly to apoplexy. Convulsions and coma supervening during dropsy, suggests serous apoplexy, Ramolissement rarely comes on with the suddeness of apoplexy, and contraction of the flexors belongs more particularly to the former. Unhappily this contraction is often absent, and is moreover observed in other cerebral affections. Tumors and other organic affections commonly progress slowly, insiduously, and then give rise to sudden alarming symptoms, analagous to those of ramolissement. The neuroses comprise a vast history which cannot be developed here. But practitioners rarely mistake chorea, tetanus, or epilepsy; hysteria is more obscure, and the diagnosis of mental alienation is oftentimes unattainable by the ready method.

Organs of special senses.—The diseases of these organs are, for the most part, to be detected by inspection, and appertain, *ipso facto*, to the ready method. Thus, for the organ of olfaction: coryza, epistaxis, ozæna; for the organ of taste: all the inflammations and organic lesions of the mouth; for the eye: all the external ophthalmiæ and the deep-seated lesions observable by the ophthalmoscope. As to the ear, it is different; the auditory canal alone admits of direct inspection; exploration by the Eustachian tube gives some information respecting diseases of the middle ear; the diseases of the internal ear are enveloped in great obscurity. We have noted already that skin diseases are to be determined *de visa;* though an appreciation of their nature often demands great sagacity on the part of the practitioner.

With regard to those diseases of the organs of special sense, which elude direct exploration, we have already intimated that a scrutiny of the functional condition afforded the means of ascertaining their existence, if not their nature.

Apparatus of locomotion.—The diseases of the organs of locomotion, though revealed by external manipulations, involve grave questions of pathogeny. But we do not now purpose to enquire here in what simple arthritis differs from articular rheumatism or gout. We seek simply to determine the individuality of the malady, characterized here by obvious phenomena.

Secretory apparatus.—We shall mention only the most important. As to the *liver*, icterus or ascites may put us on the track; to arrive at precise notions, we have recourse first to palpation, which informs us of the size (hypertrophy), form (cancerous degeneration), sensibility (hepa-

titis). Biliary colic almost invariably indicates the presence of calculi. The kidney suggests analagous considerations; disorder of the urinary secretions, these symptoms elicited by careful palpation; nephritic colic results especially from renal calculi. In regard to the calculous concretions of all sorts, the only irrefragable proof of their existence is their exhibition. We know that surgeons often diagnosticate vesical concretions when none are present, and overlook them when they exist. Quite recently an error of this sort has given me great perplexity: A woman duly convicted of cancer of the liver (nodose liver, cachectic tint, etc.) presented, in the region corresponding to the fundus of the gall bladder, a tumefaction, in which palpation detected distinctly a rumpling (*froissement*) which all the attendants attributed to a collection of gall stones. At the autopsy, no swelling was found, and the gall bladder contained no calculus. Be wary then in your diagnosis, even when it is founded on physical examination! Verily our science admits only of probabilities!

Genital apparatus.—Most of the diseases of the genital organs of the male belong to surgery. So, likewise, do those of the external organs of the female. The uterus is disputed territory. I cannot here enter into the details of uterine pathology. I will simply say that inspection and palpation will inform us in regard to most of these diseases, and that a host of deplorable errors would be avoided, if practitioners would have the firmness to have recourse at once to direct examination.

General affections.—There are two great classes of diseases, which are considered insusceptible of primary localization, the *fevers* and the *cachexies*. In the first category, we have the so called essential fevers, the eruptive fevers, and intermittent fevers.

The essential fevers, among us, may be reduced, now-a-days, to the single affection known as typhoid fever, and thought to be constituted by three capital elements: fever, typhoid state, and follicular enteritis. Singular, that of these three elements, the most palpable and constant is also the most contested! For those who are not blinded by their passions or prejudices, the intestinal lesion being the anatomical character of the disease, the diagnosis of the typhoid fever should consist essentially in the determination of the follicular enteritis; for the febrile state and the typhoid state may both be wanting. Our attention should be first directed to this point; but it is often an obscure one, for the intestinal lesion has no pathognomonic sign. We must often rely on the group of phenomena, without thinking less of the value of the local signs, or failing to look for them carefully. Thus will be avoided a host of errors, such as are daily committed by practitioners who class under the

rubric of typhoid fever a multitude of affections which deserve very different names.

True typhus is distinguished by the absence of the follicular enteritis, by the initial stupor, and the petechial eruption.

Eruptive fevers are obscure only at the outset. Variola has its rachialgia and vomiting, scarlatina its angina, measles, coryza and epiphora; these, with the aid of a knowledge of the prevalent epidemic, will enable us to predict the form of the eruption.

Intermittent or better, *paludal* fevers, exhibit no symptoms during the interval, unless there is swelling of the spleen, or indication of paludal cachexy. Paroxysms of intermittent are recognised at once by the characteristics of their three stages, cold, hot, and sweating. But the remittent, or pseudo-continued fevers of hot climates have deceived many observers, and probably will often deceive hereafter, notwithstanding the admirable researches of our physicians in Algeria on "quinine fevers"—*fièvres a quinquina.*

As to the cachexies, apart from profound organic lesions, their signs are external. We mention only the diaphanous pallor of chlorosis, the lividity of scurvy, the ecchymoses of purpura, the doughy puffiness of scrofula, the yellowish-green hue of the cancerous cachexy, the tawny yellow of the miasmatic infection, the sallow leaden hue of constitutional syphilis.

The reader who has followed attentively this rapid and imperfect review of the principles and means of ready diagnosis, will be convinced that those cases are rare in which a long interrogatory is requisite in order to arrive at a correct notion of a disease. We should rely as little as possible on the frequently fallacious data elicited by simple interrogation, in my opinion, and my whole secret consists in proceeding straightway to a knowledge of the seat and duration of a disease, and at once examining, by physical exploration, the diseased organ or organs, so as to bring into relief the most striking and characteristic symptoms.

A few examples from everyday practice will complete the demonstration of my thesis.

A patient complains of a stitch in the side of several days' standing. I place him on his seat, and, my ear to the chest, bid him count aloud—well marked egophony—*pleurisy* then. A moment has sufficed to elicit the diagnosis, which is presently corroborated by other means of investigation.

A patient has stitch in the side, fever, cough without sputa, postero-inferior dullness on percussion, slight tubal breathing; the vocal resonance is equivocal. Some of the attendants say *pleurisy*, others *pneumonia.*

I place my hand on the chest, and tell the patient te count: absence of thoracic vibration on the affected side—therefore *pleurisy*. A few seconds have sufficed to elucidate this obscure point.

Another patient has rational signs analagous to the last; the ear detects the fine crepitation, bronchial souffle, and vocal resonance of *pneumonia*.

In each of these cases, almost without asking a question, by making directly for the most expressive signs, we arrive at a diagnosis, which is almost infalliably confirmed by ulterior investigation.

Another less common example: I see a patient with turgid countenance and livid lips, and at once think of the likelihood of cardiac disease. I place my hand under the left nipple, and feel a strong impulse and purring tremor. I at once pronounce *ossification with contraction of the aortic orifice, dilatation with hypertrophy of the left ventricle.* Duration of examination, five seconds. Wouderful, impossible! say the attendants. Nothing more simple, however; the purring tremor indicates surely valvular induration, the strong heaving impulse enlargement of the left heart. All cases, unfortunately, are not so clear.

Let us turn to other organs. A patient has an enlarged abdomen; is it ascites, tympanitis, hypertrophied liver, or spleen, ovarian cyst, pregnancy, or what is it? I uncover the belly, and say at first sight that it is ascites. And why? because the umbilicus forms a smooth transparent prominence, and of all abdominal tumefactions, ascites alone produces this effect. A second has only been occupied in clearing up this case.

Another enlarged abdomen—dullness in the middle, resonance on the sides: it is an ovarian cyst. No? You think it is a pregnency? I introduce my finger into the vagina, and find the cervix low down and deflected; you see it is not a pregnancy.

A woman of fifty years, pale and sallow, says that her menses, which stopped years ago, have lately reappeared. She probably has uterine cancer, Touch and decide.

A young girl tells you that she has flowed copiously, the catamenia having been previously suspended for several months. Distrust metrorrhagia in young girls. Like enough this is a case of abortion, and you may find an ovum of three months in the vagina.

A sickly looking man has alternate diarrhœa and constipation; he has pain and passes blood with his stools; his doctor has told him that he has piles. Take care! he probably has a cancer of the rectum. Introduce your finger and judge.

We should never have done with illustrations borrowed from the practice of every day. I have selected a few of those about which

fatal errors are often committed, errors which may readily be avoided by seeking the most significant symptoms by the most direct modes of investigation, without yielding to personal repugnances on the opposition of mistaken or simulated modesty.

But this quick method has its perils, and we should always seek to corroborate and confirm its results.

A girl of 18 years, of feeble habit, says that her catamenia have been absent for several months; the hand detects a circumscribed globular tumor in the hypogastrium. We say that the girl is enceinte. An hour afterwards, a copious discharge of urine, and the pregnancy has vanished! Chlorosis alone remains. This is one of the humiliating errors that may be incurred in following the ready method, without looking for confirmatory evidence of the diagnosis. The touch would have betrayed the distended bladder.

Notwithstanding these restrictions, cautions, and illustrations, the pedants will be sure to criticise these essays towards simplification. I already hear the accusations of prestidigitation, of a desire to dazzle our public, etc. I reply that there are two ways of throwing dust in the eyes of the vulgar. One consists in being always ready with an infallible diagnosis, Our readers must judge whether my plan appertains to this juggling system. The other way is to pump a poor patient completely dry, to dissect him to his ultimate fibre, *apropos* of a whitlow or a sore throat, in order to assume the airs of scrupulous, profound, exact science. Chemistry and the microscope have lent a new impulse to this industrial method, which experience aud common sense will some time reduce to its true value. The indolence of ordinary practitioners is incompatible with all this paraphernalia; as the majority of physicians will only employ simple weapons, we should try at least to furnish them with those that are well tempered.

I fear that I shall share in the abuse showered on those poor *manuals*, which have at least the merit of teaching something to those who would otherwise know nothing. I shall be accused of wishing to "lower the standard of acquirement," the time-honored phrase, and of compromising the dignity of our art in placing it within reach of the indolent, the stupid, and even the outsiders, etc. I shall care little for such reproaches. My attempt at simplification of diagnosis is the result of extended practical observation, of investigations carefully and laboriously matured, combined, and arranged, so as to offer to practitioners the quintessence of the mass of materials heaped up in verbose and voluminous treatises, which embarrass the student and practitioner almost as much as they help him. I seek to substitute positive medicine for exact medicine.

Lastly, what is the use of analysis, if not to lead to synthesis? These two processes reciprocally support each other; for if it is true that to comprehend is to simplify, before we can simplify we must understand. Hence, however simple it may be made, medicine can never enter the head of a numskull.

## THERAPEUTICAL RECORD.

*Chlorine Fumigations in Cholera.*—M. Nonat draws attention to the remarkable effects which, during the epidemic of 1854, the extrication of chlorine seemed to exert in preventing the propagation of cholera by patients admitted with that disease into his ward in La Pitié. He contrasts this result with what was observed in the same wards in 1849, and in those of his colleagues, in which chlorine was not employed. He employs the chloride of lime, distributing it in several smallish vessels through the ward, in preference to one or two large ones. Some of these vessels should be especially placed near the patients who are emitting the cholera miasmata in abundance. The fumes should not be disengaged in quantity sufficient to be perceived.—*Moniteur des Hôpitaux.*

*Modification of the Uterine Douche.*—M. Devilliers relates a case in exemplification of the modification he has introduced in Kiwisch's mode of employing the uterine douche for the induction of premature labor. In this case the ordinary douche had been employed several times in vain, when the author induced labor pains rapidly by propelling the water with some force between the membranes and the uterine parietes by means of an injection pump, to which a long curved metallic canula was attached.—*Ib.*

*Injection of Carbonic Acid Gas into the Bladder.*—M. Paul Broca has endeavored to extend the anæsthetic application of this substance to painful affections of the bladder, introducing and letting it remain in contact with the organ. As a means of palliating pain, and relieving vesical tenesmus, some very remarkable results have been obtained. The bladder is distended with the gas, which becomes so slowly absorbed, that some still remains at the next miction, though this may not take place for three or four hours. The anæsthetic effect produced lasts for many hours.—*Ib.*

*Malva Moschata in Idiopathic Constipation.*—This substance, employed as a laxative by the Greeks and Romans, according to the investigations of M. Duvignac, forms the best substitute for castor oil, being as mild and as certain in its operation, without possessing its nauseous qualities. He administers it in the form of a bon-bon.—*Ib.*

*Artificial Rose Water.*—M. Rudolf Wagner has given us a pretty little prescription for obtaining artificial rose water. The products of the spontaneous decomposition of salicylate of potash are generally characterized by a strong perfume of roses. This salt is quickly obtained by decomposing salicylate of methylen (which can be bought under the name of essence of gaulteria,) by caustic potash. In this manner a mass of crystals, consisting of salicytate of potash, are precipitated, and the supernatant solution has a strong odor of roses. This liquid gives by distillation an eau de roses of a very fine quality which constitutes a delicious perfume.—*Illustrated Inventor.*

## PERISCOPE.

*Nouvelles recherches sur l'importance des fonctions des capsules surrénales.* Par le Dr. E. Brown-Séquard.

(*Suite*)

Dix jours après la publication de la deuxième partie du mémoire que je viens d'analiser, un travail de M. Philipeaux fut présenté à l'Académie des sciences (1), travail dans lequel ce physiologiste annonce qu'il a vu quatre rats albinos survivre à l'ablation des capsules. Il déclare en outre que lorsque la mort a lieu après cette opération, elle dépend d'une péritonite, d'une hépatite ou d'une hernie intestinale.

Dans une seconde note le même expérimentateur (2) annonce que trois des quatre rats albinos, mentionnés dans son précédent travail, étaient morts, l'un 9 jours, le second 23 jours, et le troisième 34 jour, après l'ablation de la capsule gauche, la droite ayant été enlevée quelques semaines auparavant. M. Philipeaux attribue au froid la mort de ces animaux. Nous montrerons plus loin qu'il n'est pas possible d'admettre que la mort de ces animaux soit due uniquement à cette cause.

N'étant pas en France lors de la publication du premier travail de M. Philipeaux, je ne répondis à ce qu'il avait conclu de ses expériences que six semaines après (3). J'insistai sur ce fait que si on lèse le péritoine, le foie, les reins, les veines rénales et la veine cave, on voit des survies très longues (de 20 heures à 3 semaines), tandis que si on enlève les capsules surrénales, en irritant beaucoup moins que dans l'expérience précédente le péritoine et les organes voisins des capsules, on voit la mort survenir de 7 à 14 heures après l'opération. J'ajoutai que, très probablement, d'autres glandes avaient la puissance de remplir le rôle fonctionnel des capsules lorsque celles-ci manquent, et j'indiquai le thymus comme étant peut-être, avec la glande thyroïde, l'organe remplaçant les capsules chez les animaux qui survivent à la perte de leurs capsules surrénales.

M. Philipeaux répliqua bientôt, affirmant qu'il avait des rats albinos, dont deux vivaient quoique privés des deux capsules depuis 67 jours, de la rate depuis 26 jours, et des corps thyroïdes depuis 7 jours. Il persistait dans sa conclusion que le rôle fonctionnel des capsules est sans importance (1).

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(1) *Comptes rendus de l'Acad. des sciences*, 1856, vol. XLIII, p. 904.
(2) *Ibid.*, 1856, vol. XLIII, p. 1155.
(3) *Ibid.*, 1857, vol. XLIV, p. 246.
(1) *Comptes rendus de l'Acad. des sciences*, 1857, vol. XLIV, p. 396.

Mon excellent maître et ami M. Martin-Magron a fait quelques expériences concernant les effets de l'ablation des capsules surrénales, et il a été le premier, je crois, qui ait trouvé que des animaux non albinos peuvent survivre un temps assez long à la perte des deux capsules surrénales. Il a vu un chat survivre 10 jours et il en a tué un autre 7 semaines après l'ablation d'une des capsules, l'autre ayant été enlevée quelques semaines auparavant.

Le Dr. Harley, de Londres, a aussi fait quelques ablations de capsules surrénales : malheureusement nous ne connaissons de ses recherches que ce qu'il nous en a dit dans une courte conversation et ce qui se trouve dans un exposé des résultats de trois expériences dont mention a été faite à la *Pathological Society* de Londres (2). M. Harley incline à penser que les fonctions des capsules surrénales sont sans aucune importance.

Nous allons essayer de démontrer que M. Philipeaux et M. Harley ont interprété leurs expériences autrement qu'ils n'auraient dû le faire (3). Mais tout en niant que leurs conclusions soient justes, nous reconnaissons qu'avec M. Martin-Magron, ils ont bien établi que la mort *dans certains cas*, n'est pas la conséquence inévitablement rapide de l'ablation des capsules surrénales.

Les expériences de M. Philipeaux, de M. Martin-Magron et de M. Harley ont bien établi que la mort n'est pas une conséquence inévitable de l'ablation des capsules surrénales. Quelle conclusion tirer du rapprochement des résultats si différents en apparence que ces expérimentateurs et moi avons obtenus ? Faut-il admettre que la mort chez mes animaux n'est pas la conséquence de l'absence des capsules surrénales, mais qu'elle dépend de circonstances accidentelles ? Faut-il tirer des faits où l'on a vu des animaux survivre à l'absence des capsules surrénales, que le rôle fonctionnel de ces organes est loin d'être essentiel à la vie ? Assurément on arrive à ces conclusions si l'on ne tient pas compte des circonstances des expériences ; mais lorsqu'on les étudie avec soin, on est conduit, ainsi que je vais le faire voir, à des conclusions tout autres.

En premier lieu, tous les physiologistes qui ont répété mes expériences ont trouvé, comme moi, que la mort a lieu constamment, quelle que soit l'espèce d'animal, après l'ablation *simultanée* des deux capsules surrénales. Il semble que même les albinos, dans ces conditions, meurent

(2) *Medical Times and Gazette*, 28 nov. 1857, p. 564.

(3) Nous venons de présenter à l'Académie des sciences (voyez *Comptes rendus*, 1857, vol. XLV, p. 1036) un exposé succinct des faits et des raisonnements rapportés dans ce mémoire.

peu de temps après l'opération, comme les lapins, les chats, les chiens, les cochons d'Inde, les souris et les rats non albinos, les pigeons, etc.

En second lieu, même lorsque l'on fait l'ablation d'une capsule, un certain nombre de jours après que l'on a enlevé l'autre, on n'a jusqu'ici observé de survie, *en apparence définitive*, que sur des animaux albinos c'est-à-dire sur des animaux sans pigment. Or j'ai signalé, comme une des causes de mort après l'ablation des capsules surrénales sur les animaux non albinos, la présence dans le sang de plaques de pigment trop larges pour passer par les très petits capillaires de l'encéphale, et déterminant dans cet organe ou des hémorrhagies ou une insuffisance de circulation. D'un autre côté, si je me suis trompé en admettant l'existence de cette cause de mort, après l'ablation simultanée des glandes capsulaires, néanmoins il est certain que ces petits organes ont quelques relations avec la production du pigment noir, car, dans plus de 65 cas, recueillis en un petit nombre d'années, on a trouvé chez l'homme la co-existence d'un dépôt de pigment dans la peau et d'une altération profonde des deux capsules surrénales. Il y a donc une relation de causalité quelconque entre ces deux faits : absence des fonctions des capsules surrénales et augmentation de pigment noir. Si les animaux sans pigment noir, tels que sont les rats albinos, ne meurent pas après l'ablation des deux capsules surrénales, cela semble donc être une preuve importante à ajouter à celles que j'ai données, que c'est en partie à une accumulation de pigment que la mort est due chez les animaux non albinos, dépouillés des glandes surrénales.

Il importe d'ajouter que la survie, bien que très longue quelquefois chez des rats albinos, n'est peut-être qu'une survie temporaire très prolongée, et que la mort de ces animaux, pour être tardive, n'en est pas moins la conséquence de l'absence des capsules. En effet, M. Philipeaux a vu mourir trois de ses opérés sur quatre, après quelques semaines de survie (1). Nous ferons remarquer que l'un de ces rats est mort deux jours après le 10 novembre, jours où M. Philipeaux annonçait qu'il était parfaitement guéri. Il est probable, d'après cela, que le 10 novembre cet animal paraissait en bonne santé et que rien n'annonçait qu'il mourrait deux jours après. Ce fait est important ; il montre, avec nombre d'autres, observés par M. Philipeaux, par M. Harley, par M. Martin-Magron et par moi-même, sur des animaux d'espèces diverses, que la mort, après l'ablation des capsules surrénales, arrive souvent à l'improviste, ainsi que cela a lieu fréquemment chez l'homme dans les cas de maladie de ces petites glandes. M. Martin-Magron m'a dit avoir vu

(1) *Comptes rendus*, 1856, vol. XLIII, p. 1156.

mourrir un chat dix jours après l'extirpation d'une des capsules (l'autre ayant été enlevée quelque temps auparavant), sans qu'il ait pu, par l'autopsie, se rendre compte des causes de la mort. La veille, cet animal paraissait être en très bonne santé. M. Harley (2) raconte qu'un rat albinos, sur lequel il avait extirpé une des capsules depuis six semaines, et l'autre depuis quinze jours, avait paru en très bonne santé jusqu'à la nuit de sa mort. M. Harley semble croire, en conséquence, que cet animal a dû être tué par un autre rat. Mais il ne donne aucune raison à l'appui de cette opinion, et il y a lieu de croire que cette mort inattendue, a été due à la même cause qui fait mourrir aussi d'une manière inattendue et l'homme et les animaux chez lesquels manquent les fonctions des capsules surrénales.

M. Philipeaux attribue la mort des trois rats qu'il a perdus, sur quatre, au froid assez intense, dit-il, auquel ces animaux ont été exposés. Il est probable que, si en rédigeant sa note du 22 décembre 1856, dans laquelle il émet cette opinion, il avait cherché quelle était la température des journées ou des nuits où ces animaux sont morts, il n'aurait pas annoncé une chose aussi complètement impossible que celle-là. Ses rats sont morts : le premier le 12 novembre, le second le 26 du même mois, et le troisième le 7 décembre 1856. En consultant les tables des observations météorologiques faites à l'Observatoire de Paris, on trouve que la température *à l'air libre*, *à midi* et *à minuit* a été, le 12 novembre, de 6°,8 et de 3°7 ; le 26 novembre, de 4°,9 et de 8°,4, et le 7 décembre, de 13°,7 et de 10°,6.

Ces températures, évidemment, n'étaient pas assez basses pour causer la mort de rats en bonne santé. Si donc le froid a contribué à faire mourrir ces animaux, c'est qu'ils étaient malades.

De plus, même chez les rats albinos les capsules surrénales ont des fonctions importantes, car si on les enlève simultanément, la mort survient en deux ou trois jours comme chez les animaux non albinos.

Nous ferons encore remarquer que, si l'on enlève les deux capsules surrénales, l'une huit ou dix jours, ou plus longtemps, après l'autre, on peut voir quelques animaux (les chats surtout) survivre un ou deux mois, ou peut-être plus longtemps ; mais tous cependant, après cette longue survie, se sont affaiblis et sont mort presque subitement, sans qu'il semble possible d'expliquer cette mort autrement que par l'absence des fonctions des capsules surrénales. Quand on étudie les circonstances des expériences où l'on a observé ces longues survies, et surtout les phénomènes qui précèdent la mort, on voit qu'au lieu d'être contraires à l'opinion que les fonctions des capsules surrénales, au moins chez les ani-

(2) *Med. Times and Gazette*, nov. 28 1857, p. 564.

maux non albinos, sont essentielles à la vie, ce sont là autant de faits positifs à l'appui de cette opinion.

Il y a des différences très grandes, dépendant de l'âge et de l'espèce des animaux après l'ablation des capsules surrénales. Ainsi, les chats survivent bien plus longtemps que les chiens, les lapins et les cochons d'Inde. Quant à l'âge, les très jeunes animaux survivent notablement plus longtemps que les adultes. Sur les animaux adultes, la plus longue survie que j'aie encore observée, après l'extirpation simultanée des deux capsules surrénales, a été de quinze heures chez les chiens, de quarante et une heures chez les chats, de quatorze heures et demie chez les lapins non albinos, de dix-sept heures et demie chez les lapins albinos, de vingt-trois heures chez les cochons d'Inde, de trente-deux heures chez les rats non albinos, de soixante-quatre heures chez les rats albinos. En faisant l'opération à huit ou dix jours d'intervalle pour les deux capsules, je n'ai trouvé de survie dépassant deux ou trois jours, que chez les chats et les rats albinos.

C'est chez les lapins surtout que les résultats de l'ablation des capsules surrénales montrent l'importance des fonctions de ces petits organes. J'ai fait l'expérience maintenant sur plus de 200 lapins de variétés diverses, et la plus longue survie que j'aie constatée jusqu'ici n'a été que de dix-sept heures et demie, et la moyenne seulement de neuf heures et quelques minutes. Sur les lapins sauvages, si vigoureux, des Etats-Unis, lapins sur lesquels j'ai constaté, à mon grand étonnement, qu'ils sont capables de survivre à l'écrasement de la moelle lombaire dans toute son étendue, j'ai trouvé que l'ablation simultanée des deux glandes surrénales est suivie de la mort aussi vite à bien peu près que sur les lapins, souvent si faibles, que l'on trouve dans les marchés de Paris. Chez les lapins, la mort est si rapide, en général (il en est ainsi souvent aussi chez les chiens et les cochons d'Inde), que la péritonite, l'épatite, la néphrite, inflammations qui ont des chances plus ou moins grandes de se produire après l'ablation des capsules, n'ont pas le temps de se développer assez pour causer la mort. Il faut donc admettre que la mort dépend d'autres causes. Je crois avoir suffisamment démontré ailleurs que ce n'est pas non plus à aucune des autres circonstances accidentelles ou inévitables qui accompagnent l'opération de l'ablation des capsules, qu'il faut attribuer la mort. J'ai dû conclure de là que la mort, dans le cas de l'ablation simultanée des deux capsules, est due surtout à l'absence des fonctions de ces organes.

Les expériences comparatives suivantes, que j'ai déjà publiée (1), méritent d'être reproduites ici.

(1) Voy. *Comptes rendus de l'Acad. des sciences*, vol. XLIV, 1857, p. 246.

Exp. I.—Sur quinze lapins adultes et vigoureux, j'ouvre l'abdomen à gauche et à droite, comme lorsque je me propose d'extirper les capsules surrénales, je comprime ensuite entre les mors d'une pince les veines rénales et la veine cave inférieure ; puis je couds les plaies de l'abdomen assez mal pour que les intestins fassent hernie sur quelques-uns de ces animaux.—De ces quinze lapins, un a survécu plus de trois semaines, un autre dix-huit jours, trois de deux à huit jours, sept de vingt-quatre à quarante-huit heures, et enfin les trois autres dix-sept, dix-neuf et vingt heures.

Exp. II.—Sur six lapins adultes et vigoureux, j'extirpe les deux reins, je dilacère le péritoine et je comprime la face inférieure du foie. Cinq de ces animaux survivent de vingt-quatre à soixante heures, et le sixième seize heures seulement.

Exp. III.—Sur dix lapins adultes et vigoureux, j'extirpe les capsules surrénales, en ayant soin de léser aussi peu que possible les parties environnantes et en évitant par des sutures bien faites la formation de hernies. Six de ces animaux sont morts entre la septième et la dixième heure, et quatre entre la dixième et la quatorzième heure, après l'opération.

Pas un seul des lapins sur lesquels les capsules surrénales ont été enlevées, n'a survécu aussi longtemps que celui des lapins des deux expériences précédentes qui a survécu le moins.

Le tableau suivant montre quelles ont été les différences de survie des animaux soumis aux trois expériences que nous venons de rapporter.

| LESIONS. | SURVIE MOYENNE. |
|---|---|
| Lésions du péritoine, du foie, des reins, etc..... | environ 72 heures. |
| Ablation des reins..... | " 35 heures. |
| — des capsules surrénales..... | " 9½ heures. |

J'ai fait, dans ces derniers temps, de nouvelles expériences pour comparer les effets de l'ablation des reins à ceux de l'ablation des capsules, et j'ai constaté que, sur les chiens et les cochons d'Inde, il en est de même que chez les lapins, c'est-à-dire que la survie est bien plus longue après l'ablation des reins qu'après celle des capsules. Et ce résultat n'est pas dû à ce que l'opération pour enlever les reins occasionne moins de lésions du péritoine ou du foie, etc., que l'ablation des capsules, car, lorsque j'ai extirpé les reins, j'ai eu soin de comprimer le foie et de léser le péritoine aux environs des capsules surrénales.

Les symptômes que l'on observe, dans les dernières heures de la vie, après l'ablation simultanée des deux capsules surrénales, sont les mêmes chez les animaux d'espèces différentes. Ils diffèrent notablement de symptômes de péritonite, d'épatite, de néphrite ; je les ai décrits ail

leurs (1). Je ne parlerai pas non plus des vestiges et des convulsions qui sont très fréquents chez les lapins, les chiens et les chats, me réservant de traiter, dans un travail spécial, des relations d'influence qui existent entre les centres nerveux et les capsules surrénales.

M. Gratiolet et M. Philipeaux m'ont attribué d'avoir signalé l'existence de vestiges et de convulsions *au moment même* de l'ablation des capsules, ou quelques instants après. Ces physiologistes ont commis là une erreur que je ne puis comprendre, car j'ai déclaré positivement, au contraire, que ces phénomènes nerveux ne se montrent que dans les dernières heures de la vie, après cette opération, de même que les cas d'altération organique profonde de ces organes.

Des faits qui ont été observés par les physiologistes qui ont combattu les conclusions de mes précédentes recherches sur les capsules surrénales, tout autant que des faits que j'ai constatés, je crois pouvoir conclure :

1° Que les fonctions des capsules surrénales semblent être essentielles à la vie chez les animaux non albinos ;

2° Que la suppression *immédiate* et *complète* de ces fonctions amène la mort très rapidement ;

3° Que la suppression *graduelle* de ces fonctions amène la mort au plus tard après un petit nombre de mois, et chez certaines espèces d'animaux, en quelques jours ;

4° Que l'ablation simultanée des deux capsules surrénales amène la mort, en général, notablement plus vite que l'ablation des deux reins ;

5° Que si certains animaux albinos semblent capables de survivre définitivement à l'ablation des capsules surrénales, ce fait vient à l'appui de l'opinion que j'ai émise que l'une des causes principales de mort chez les animaux non albinos, après la perte de ces petites glandes, consiste dans une accumulation de pigment.

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*Remarks on the Use of Compressed Sponge.* (Communicated in a letter from Dr. Wm. C. Roberts to Dr. J. P. Batchelder, and published in the *N. Y. Journal of Medicine.*)—The first case in which I employed the compressed sponge, as prepared and recommended by you, was that of a young seamstress, which you saw with me. The disease was " a chronic mammary tumor," in the left breast, the size of a hen's egg. You were so kind as to apply the sponge for me the first time, and I had no difficulty afterwards. A few applications sufficed to remove the disease entirely. In the case of a strumous unmarried mulatto woman, of about forty years of age, in whom the glandular structure of both

(1) Voy. *Arch. de méd.*, oct. et nov. 1856.

breasts was in a state of irregular hypertrophy, and much enlarged, a very great reduction in the size and extent of the engorgement resulted from a similar application, and it has not returned.

In no case have I derived more satisfaction in the use of compressed sponge than in that of Master B. S., of this city, who had several large and deep sinuses in the right thigh, running up towards the hip joint, and probably communicating with the bone. The joint was anchylosed from long preceding morbus coxarius. Each in succession closed, under the daily introduction of sponge tents (sponge dipped in a weak solution of gum arabic, and wound tightly with thread, which can thus be made of any requisite size, to enter the fistula, and which the patient, in this case, amused his captivity by making in great variety, and with great neatness), and he is now in fine health and spirits, and with a whole and sound limb. A period of several months was required for the cure. I have used flat disks of sponge, compressed in the copying-press, as applications to foul and fungous ulcers, and I have found from them great benefit in cutting down fungous granulations, causing an uniform and healthy-looking surface, with a good tendency to subsequent cicatrization. I have healed several unpromising and ill-conditioned ulcers by this treatment alone. I have no doubt of the efficacy of compressed sponge in the treatment of mammary abscess, as employed and recommended by Drs. Foster and Johnson, in the September No. of the *New York Journal of Medicine*, edited by Dr. Stephen Smith. I regret that these gentlemen did not apply the treatment to the sinuses formed after suppuration. I can remember two or three in which the fistula rapidly healed when treated in the manner alluded to in the case of Master B. S. I should be very loath to incise a sinus until I had tried the effect of a compressed sponge tent introduced to the bottom. By its equal expansion in every direction, stimulating by its pressure the bottom of the sinus, and laterally destroying the pus secreting false membrane, with which it is lined, and inducing in its walls a new and healthy action, the sinus speedily diminishes in depth, and progresses rapidly toward granulation and cicatrization. I much regret not being allowed to make use of the method in a case of suppurated scrofulous abscess in the neck of a pretty little girl, which I think could have been readily absorbed, but which, under the knife of a rather conspicuous member of the surgical profession, has been attended with some deformity. A prejudice of the parents and friends lest the absorbed fluid should be deposited elsewere, and some indocility on the part of the young lady herself, defeated my intentions. I was about to apply the sponges in the case of a large collection of pus above the rectus femoris, the result,

doubtless, of scrofulous caries of the bone. I hope for its temporary absorption at least, and you shall know the result.

An amiable, but unfortunate girl, once presented herself to me, at a house in my neighborhood which I was visiting for professional purposes, who had been brutally assaulted, the preceding evening, by some ruffians who had forced themselves in. The conjunctiva and eyelids were swollen and extensively ecchymosed. I proposed to her the application of the compressed sponge, warning her, however, that it would be necessary for her to endure a few days of darkness. She consented, and in two or three days I had the pleasure to find the swelling gone, the blackness nearly removed, the patient much pleased and more than ordinarily cognizant. I changed the disks night and morning, and the rapidity of the effect exceeded my most sanguine expectations. I respectfully throw out this hint to such of my brethren as may be called upon to treat this unseemly, annoying, and suggestive infirmity. I once cured a loss of substance of some extent in the scalp, the result of a ragged and irregular wound, caused by a fall, descending quite to the pericranium, by merely putting into it bits of compressed sponge, the size and shape of the opening, and binding them down with a roller. They expanded equally from the absorption of the pus, and with the best effects on the granulatory process: one which would not, I think, have resulted as speedily from the use of lint alone.

I have several times satisfactorily and easily dilated with sponge the meatus auditorius externus, when threatened with contraction, after abscess; have succeeded in removing suppurative inflammation of its walls, and obtained an easy access for injections, and an opportunity for observing the tympanum; once thereby cauterizing an ulcerated spot, and once succeeding in the removal of a small polypus, attended with pain, deafness, and profuse, fetid, purulent discharge. The great dilatation of the meatus, which resulted from the introduction of the compressed sponge, afterwards wetted, enabled me to excise it at its pedicle, to the great joy of the patient, and afterwards to effect a complete cessation of the discharge. There are affections of the urethra and lachrymal sac in which, were it applicable, the sponge might be useful. You have, I know, devised an instrument for inserting it into strictures of the urethra, with which I hope you will some day be successful. In the nose, in polypi, benign or malignant thickening and ulceration of the Schneiderian membrane, ozæna, and especially in epistaxis, its use could not fail to be beneficial. The width and dilatability of the rectum is an objection to its use, though in ulcerations, excrescences, and contractions, its judicious employment might be rendered available. The same

remarks apply, though happily with less force, to the vagina. As a tampon, in threatened or actually existing hemorrhage, in cases of warty vegetations, and ulcerations of intractable character, I have successfully employed it.

Many years ago, I was consulted by a lady, now of wealth and eminence in the far West, for a contraction of the vagina, with fungous disease of the neck of the uterus. The patient was much depressed in mind and health; the connubial act had never been perfected; the vagina admitted with difficulty the forefinger for a couple of inches; its walls were hard and gristly. For a period of two months, almost daily, I distended it gradually, by means of a screw, bilaminated, flattened, rectum speculum (of the old fashion). It creaked, tore, and bled, and the patient, a woman of high intellectual acquirements, amiable temper, and great fortitude (it was before the days of chloroform), and determined, if possible, to be cured, could scarcely endure the anguish. The advantage I gained I secured and augmented by introducing between the expanded blades of the speculum, flattened, conical pieces of wood, increasing them in size, which I left, *à demeure*, as long as they could be borne. Thus I succeeded at length, in introducing a somewhat pointed four-blade speculum uteri, with which I dilated the vagina fully, cauterized the neck, removed its fungosities and ulceration, diminished its volume by iodine, the prolapsus spontaneously ceased, and in about five months' time, my grateful friend returned to her husband's arms, and has since become the mother of three children, two sons and a daughter: destined, I hope, to be promoters of western commerce, social, intellectual, and moral advancement, and population. Had I but known then, as I do now, the utility of compressed sponge tents in the dilating of contracted cavities, how much time and trouble to myself, and suffering to poor Mrs. N., might have been avoided!

I was consulted, not long ago, by Dr. C. Dunbar, of this city, in the case of a young, unmarried lady, who had a fistula, very small, and not easily detected, about an inch without the vulva, and opening into the rectum, though apparently the thickness of the sphincter ani. It was approachable only when the patient was under the fullest influence of chloroform, and for many days we dilated it gradually with compressed sponge tents of augmenting size. When the layer of parts between the orifices was thus reduced by expansion to a mere film, we incised it, and dressed from the bottom. It healed rapidly. This will appear to my surgical brethren who love the flourish of the knife, and are not deterred by depth or importance of parts, thickness of substance or discharge of blood, an unnecessarily slow and timid process. Possibly

it was so, but it suited my temperament, who think that "discretion is the better part of valor;" who prefer the "*suaviter in modo*" to the *fortiter in re;* the easier, if slower operation of nature, to the violence of art, and consider that no safe and successful plan is the less deserving of esteem because it is slow and gentle.

During my association, in the Department of the Diseases of Women and Children, at the Northern Dispensary, in 1844, with my friend Dr. Crane, now of Brooklyn, we many times employed the gum elastic bougie in dilating the internal os uteri, for the cure of dysmenorrhœa, after the manner of Mackintosh, and often with good effect. Every one knows that the introduction of a bougie is no easy matter in every case; in some, it is impossible, and even when most easy, it is slow work to dilate the os uteri internum by a succession of bougies, compared with the use of tents of compressed sponge, which are generally easily passed, and dilating rapidly will do in a few days what the others would require weeks to effect. Dilatation of the mouths and cavity of the womb, also furnishes facilities for cauterizing the lining membrane in cases of long standing leucorrhœa, which often relieves otherwise incurable cases. A piece of fine sponge, between two and three inches long, and as thick as the forefinger, dipped in a thin solution of gum arabic, dried and compressed, by being wound with fine twine, may be fashioned into a conical form, not much exceeding the size of an ordinary bougie, and passed usually in the grasp of a long bullet forceps with ease into the os, and up into the cavity of the womb. In preparing the sponge tent, which, of course, must be made of varying sizes, you advise that a string be passed through its centre before the compression is made, and not merely tied round its base. This must be strictly observed, for the latter may become detached by the softening of the sponge, in the fluids of the uterus, and the sponge break off with the os uteri. may not be easy to extract it.* Also, I advise that on no account a sponge be passed into the os without a string attached, as it happened to me on two or three occasions, to have the tent caught up into the

* Dr. Batchelder's method of preparing tents for this purpose, is as follows: Pass a long needle armed with a strong thread into the base, aud through the whole length of the tent, and out at its point; then reverse it; entering it at the point of the tent, and passing it again through the whole length of the tent, and out at it base. This leaves two threads running the whole length of the tent, doubling at its apex, and passing out at its base, where the two threads, pendent from the tent, may be twisted together, and form a strong cord, by which the instrument may be withdrawn. He seldom allows the tent to remain longer than eighteen or twenty hours.

uterus by a species of spasmodic suction out of the grasp ef the forceps, and retained there beyond the possibility of immediate reach. It is true, that in a few days, it is thrown off spontaneously, but, in the mean time, it causes pain, a febrile movement, an offensive discharge, and some little anxiety to both patient and physician, which, by suitable precaution, can always be avoided. The great extent to which the os and cavity of the uterus can thus be easily dilated in the course of two or three applications of the sponge, will much gratify those who have not yet employed it in this way ; and, by following its removal with a little button of fused lunar caustic on the end of a silver probe, the whole cavity can generally be cauterized with rapidity and ease, or if a suitable syringe, a silver one, long and thin pointed, were at hand, as easily injected. I have seen as yet no syringe accurately adapted to this purpose. The stem of the long glass one in use, even when slenderest, is much too large for the purpose of general introduction into the uterine cavity.

I have not the slightest doubt that the safest, simplest, surest, speediest way of inducing premature labor, will be found to consist in the introduction of compressed sponge tents into the os uteri. I do not see how, if repeated sufficiently often, dilatation of the os, followed by active contractions of the uterus, and the expulsion of its contents, can fail to be induced by them. The following passage from Churchill's *Mid.*, third Am. ed., Phila., 1848, p. 290, indorses these sentiments : " M. Bruninghausen and Klugè have proposed and practised with great success the dilatation of the os uteri, by means of a piece of sponge placed within it and maintained there by a plug in the vagina." Speaking of it, Velpeau says, in comparison with " rupturing" and " separating" the membranes, " it is much more certain. The irritation which results is permanent, progressive, and regular, and *sustained* by the plug which is maintained in the vagina. Under the influence of such an excitement, uterine action is soon brought on, and it rarely fails to acquire sufficient energy." Hayn, of Conigsberg, further says Churchill, adopted this plan with success.

I do not see further, why, in early stages of labor with rigid, undilated, and undilatable os uteri and inefficient pains, a sponge tent of suitable size might not be introduced within the os uteri, the membranes being either ruptured *or not*, and maintained there for a time by the tampon in the vagina, until such an amount of dilatation occurred as to cause its ejection, and no longer to necessitate its presence. In this way it has occurred to me, in certain cases, the protraction often met with in the earlier periods of the first stage of labor might be overcome as safely

as by belladonna, or manual dilatation, and with less trouble than by the system of long continued irrigation, recently proposed as a means of effecting this object, by Dr. Geo. T. Elliot, Jr., of this city (vide *N. Y. Journ. of Med.*, 1857). That this plan does not always succeed, is evident from cases on page 197 of his able article on puerperal convulsions, in the September number of that Journal (Lee, Draper). Sponges are oftener at hand and easier obtained than syringes, and it appears to me more easy and speedier to introduce a sponge into the os, than to inject at intervals several gallons of water.

Permit me to say in this connection, that I am happy to observe that this rising obstetrician has recognized and boldly sanctioned a "more frequent resort" than is customary, "to the harmless measure of manual dilatation in paturient women," on which I have elsewhere, *in extenso*, published my own sentiments (see *Med. Gaz.*, Oct., 1857). He mentions three illustrative cases, and observes justly, I think, that "the non-recognition of this principle has probably cost many lives." May we not hope that ere long the introduction of the sponge tent into the os uteri in early labor, as a means of dilating it, overcoming its rigidity and lessening the protraction of the first stage, may become a recognizedly admissible rule of practice?

I have thus, my dear sir, agreeably to your request long since preferred, given you hastily, yet in a longer letter than I could have wished o write, my experience in the employment of compressed sponges, a knowledge of the use of which I derived first and wholly from you. For this, and every other valuable result of your long and close observation and extensive practice, which you have so often, so kindly, and many times so serviceably placed at my disposal, accept my grateful acknowledgments. None who use the compressed sponge can fail to be pleased with the safety, ease, and certainty of its action; nor otherwise than indebted to you for teaching them, or at least, most strongly directing them to its uses.

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*A New Principle of Diagnosis in Dislocations of the Shoulder-joint.* By L. A. Dugas, M.D., Professor of Surgery, in the Medical College of Georgia.*

Having for a number of years inculcated in my lectures the principles contained in this paper, I was requested to reduce my views to writing, for the benefit of our classes, and accordingly published an article on the subject in the March number, for 1856, of the *Southern Medical and*

* The above Report was read before the American Medical Association, and printed in the 10th Volume of the Trensactions.

*Surgical Journal*, p. 131. The object of this communication is to present the American Medical Association with a brief exposé of this interesting subject, and to accompany my remarks with pictorial illustrations, calculated to impress the eye as well as the understanding of the reader.

The principle of diagnosis to which I refer may be enunciated in the following language: If the fingers of the injured limb can be placed by the patient or by the surgeon upon the sound shoulder, while the elbow touches the thorax, *there can be no dislocation;* and if this cannot be done, there *must* be a dislocation. In other words, it is *physically impossible* to bring the elbow in contact with the sternum or front of the thorax if there be a dislocation; and the inability to do this is *proof positive* of the existance of dislocation, inasmuch as no other injury of the shoulder-joint can induce this inability.

In order to make these propositions apparent, I beg leave to present drawings taken from the skeleton, showing the relative position of the bones in the natural state, and in the several dislocations of the shoulder. The evidence thus obtained in support of my principal, would be still stronger if the bones were invested with their normal coverings and attachments.

Let us then look at the skeleton, and we may observe, that while the head of the humerus occupies the glenoid cavity, and the fingers rest upon the other shoulder, the elbow and lower end of the humerus lie upon the thorax without difficulty, because of the circumstance that the head of the humerus, when in its natural position, is removed several inches from the ribs. In consequence of the rotundity of the thoracic walls it is physically impossible that both ends of the humerus should at the same time come in contact with the chest. We see, therefore, that in the absence of any dislocation, the *upper half* of the bone does not touch the thorax, and that the *lower half* does so without the least difficulty.

By now referring to a figure which represents a dislocation into the axilla, we find that, the fingers being placed upon the opposite shoulder, the elbow is forced so far forward that it *cannot* touch the thorax. In this state of things, the upper end of the humerus alone touches the ribs, while the lower end is proportionately removed from the chest. Any attempt to force the elbow against the thorax must be fruitless, unless at the expense of a disruption of all the soft parts by which the head of the humerus is held down for, as I have already stated, it is *physically impossible* for both ends of the humerus to touch the thoracic walls at the same time.

In a dislocation forwards or below the cavicle; again we find the *upper*

*end* of the humerus resting upon the ribs—the elbow being consequently removed from the chest. The *upper* half of the humerus touches the thorax, and so long as this is the case, it is physically impossible for the *lower* portion of the humerus also to do it. In dislocations of this kind, it is very difficult to carry the fingers upon the opposite shoulder, even though the elbow be allowed to project forward, because of the resistance offered by the strong muscles which pull back the humerus. I have, however, represented the bones of the skeleton in this position, for the purpose of showing the effect, in case it could be assumed in the living subject.

Dislocations of the humerus upon the dorsum of the scapula, although very rare, should still be carefully studied; but still the same principles are applicable also to it. Here, as well as in other instances, it is only the *upper end* of the humerus that touches the thorax, and the elbow projects strongly forwards. In this dislocation, it might be possible to bring the elbow against the side of the trunk, by carrying the humerus down parallel with the axis of the body; but any contact of the elbow with the chest is impossible, if the fingers be directed towards, or placed upon the sound shoulder, for then the form of the thorax would offer an insuperable obstacle.

Having now, I trust, sufficiently demonstrated the truth of the propoposition that it is *physically impossible* to bring the elbow against the front of the thorax in dislocation of the shoulder, I would simply add, that it is equally true, that no other injury of the shoulder-joint than a dislocation can induce this physical impossibility. It is obvious, that a mere contusion of the soft parts may render motion of the joints so painful as to deter the patient from the effort necessary to carry the fingers upon the other shoulder. But there can be no difficulty on the part of the surgeon in placing the limb in this position, and an anæsthetic might be used if desirable, so as to render manipulation painless. The same may be said of fractures of the upper end of the humerus, of the acromion, of the coracoid process, and of the neck of the scapula. In neither of these accidents can there be any physical impediment in the way of bringing the elbow in contact with the front of the chest, for in neither of them can the *upper end* of the humerus be so fixed against the ribs as to make it impossible for the *lower end* to touch the chest. Nothing, therefore, but a dislocation can prevent the limb from being placed in the position indicated.

If it be justly esteemed a matter of great importance to be in possession of correct principles of diagnosis in occult diseases, it is certainly not the less so with regard to surgical accidents, especially when these demand

prompt interference. Our professional records unfortunately establish too conclusively the imperfection of our diagnostic resources in injuries of the joints, to permit any indifference on the subject. If, therefore, the views here presented may facilitate, in the least degree, the detection of injuries confessedly more or less obscure, my object will have been attained.

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*Poisoning by Digitalis.* By I. L. Crawford, M.D., F.S.A., Professor of Chemistry and Medical Jurisprudence, New Orleans School of Medicine.

Poisoning by digitalis is so extremely rare, that the following account of an attempt at suicide by means of digitaline is interesting, not only from the great clearness with which the symptoms are detailed, as from the large quantity ingested, and which failed to produce death.

Madame X., a native of Paris, aged twenty-three years, and a strong, robust habit of body, resolved to commit suicide, and on the 26th of June, at 7 A. M., swallowed six granules of digitaline; immediately after, she drank a cup of coffee, and then throwing herself upon a couch, waited the result. In two hours she was seized with a violent chill, accompanied by vertigo and incapability of moving. During the whole day these symptoms were present, and alternated with singular halucinations. About six o'clock in the evening she concealed her indisposition, and forced herself to swallow nourishment offered to her, and among other things she drank another cup of coffee. Immediately after this, she was again seized with fresh chills, cold sweats and dispnœa; warmth gradually returned, but there was great restlessness, insomnia and dyspnœa. About 1, A. M., being almost incapable of respiring, she rose, was seized with vertigo, and dragged herself with difficulty to an open window, where she remained until 3 o'clock. She then retired to bed; soon all the symptoms ceased, and she slept. She did not awake until 7 o'clock; was then free from any indisposition. Seeing that she had failed, she resolved to make another attempt at self-destruction, and swallowed forty more granules, and again laid down on the bed. In an hour the following symptoms supervened: hallucinations, vertigo, constant chills, cold perspirations, nausea, and frequent vomiting and colics. She became more and more feeble, and felt in vain for any pulsation at the wrist. In the evening the vomitings were more frequent, and intense debility succeeded them; she was unable to pass urine or stool; she was totally incapable of motion, or of uttering the slightest sound; it seemed to her

as if her eyes were becoming too large, and were about to start from their sockets. This condition lasted all night and during the whole of the next day (the 28th) until 5 o'clock in the evening; about this time the vomitings ceased, and she was unable to speak above a whisper. During the night the debility increased; the chills, the halucinations and the cold sweats still continued; every minute she experienced a deathly sickness, and expected to die; she was incapable of the slightest movement; with all this she did not lose consciousness, suffered a burning thirst, and was still incapable of passing water or of going to stool. The night passed in this manner; in the morning she experienced a desire to live, and when a friend came to see her, sent for a physician. Dr. Heer saw her on Monday the 29th. He found her stretched at full length on the bed, and almost motionless. The face was very pale, the eyes projecting enormously, the eyelids wide open, the complexion of a lemon-yellow color, and the pupil much dilated. The voice was almost extinct, the skin was cold and covered with perspiration, the pulse small, feeble, intermittent, ranging from 46 to 48 in the minute, and at times was unappreciable. The tongue was dry, white in the centre, red at the apex; much thirst and nausea and no appetite. The epigastric region was very painful, especially on pressure. For two days she had passed neither stools nor urine; the bladder was not distended. Dr. H. prescribed two laxative enemata, sinapisms to the extremeties, frictions with camphor liniment and lemonade. In the evening the pulse was the same, the skin less cold, she was still incapable of moving, hallucinations constantly present, thirst intense, neither urine nor stools, the injections having been passed alone. Ordered to continue the frictions, the sinapisms, and every half hour pills, containing 3 grains each of calomel, jalap and aloes, and weak coffee for a drink. The next day the pulse was a little more frequent; she had been in a state of extreme agitation all night; complete insomnia and pain in the epigastrium. She had four stools in the morning. For three days no urine had passed, and the bladder did not seem distended. From this time she gradually improved, and in four days was completely recovered, still suffering, however, from slight debility.

This case is one of great interest, inasmuch as it gives a clear insight into the phenomena produced by excessive doses of digitalis, and also as showing us that recovery may take place even from enormous quantities, provided treatment is perseveringly kept up. Assuming that the granules were those usually dispensed, and which contain 1-50 of a grain of digitaline in each, this woman took, in the fifty-six she swallowed, over one grain of digitaline, equal in amount to about 130 grains of the powder of the fresh leaves. I believe there is no instance on record in which re-

covery has taken place after such a large dose. Taylor relates instances where much smaller quantities produced death, and we learn in our every-day experience how rapidly depression of the heart's action follows even a moderate dose of the drug. The dilatation of the pupils and the pain in the epigastrium is a constant sign. The suppression of the urine is remarkable as continuing so long without producing poisoning, although Christison relates a similar instance, where a woman swallowed by mistake ten ounces of a decoction made by infusing a handful of leaves in a quart of water. In this case also there was suppression of urine for three days. Salivation, which is a very usual symptom, does not appear to have been present in this case of Dr. Heer's.—*New Orleans Medical News and Hospital Gazette.*

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*On the Treatment of Phagedænic Ulcers by Irrigation.* By Dr. J. Sutherland, Surgeon to the 8th Regiment of Native Infantry.

When Dr. Sutherland was putting this mode of treatment in practice in the regimental hospital at Dinapore he was not aware that a similar mode of treatment had been adopted by Mr. Cock at Guy's Hospital (*v.* "Abstract," XXIV. p. 120). Dr. Sutherland was led to adopt this plan of treatment by an observation of the case first in order.

Cases.—A young soldier, a Seikh, had been under treatment for intermittent fever with enlarged spleen, and was taking iodide of iron and quinine; at this time a slight sore situated over the spleen took on a phagedænic character, spread rapidly, and threatened to involve a large portion of the abdominal parietes; the usual treatment, constitutional and local, was adopted, with little effect in arresting the spread of the ulceration; there was considerable fever and great pain in the dark and inflamed ring around the sore, nitric acid had been applied without effect, and the patient was very importunate for relief; morphia was given at bed-time to allay pain and procure sleep; under these circumstances it occurred to me that benefit might be derived from a continous washing away of the morbid discharge as it was formed, and that water made slight y warm, would be a bland application to the extremely irritable sore; accordingly I decided on having a continued dripping of tepid water over the foul ulcerated surface; this was effected by allowing the water to flow along a skein of thread, one end being placed in a vessel of water above the level of the bed, another end of the thread (or, what answers the purpose nearly as well, a strip of calico) being placed over the sore.

Tue result of this treatment surprised me; an almost immediate arrest of the phagedænic ulceration took place, and pain and irritative fever quickly abated; from this time the cure was rapid, the sore granulated kindly, and in about ten days a large ulcerated space was filled up with healthy granulations.

The second case in which the remedy was used was equally satisfactory; the patient, a weak young man of a strumous diathesis and a constitution tainted with syphilis, had a bubo in the left groin, extensive sinuses (in the groin), had been laid open and the sore was healing favorrably when it suddenly took on a phagedænic character and spread in all directions, forming an extensive sore, which, extending upwards, threatened to penetrate the abdomen,; having observed the satisfactory result of a continuous dripping of water over an ulcerated surface in the case above detailed, I was led to subject this patient to the same treatment; the result was equally gratifying, an immediate arrest to the spread of the ulceration took place and the sore healed rapidly; quinine, ammonia, with tinctura opii, which had been given some days previous, were continued for a short time, but no other local remedy was used to complete the cure.

The third case was that of a sepoy of the——N. I.; this man was admitted into the station hospital with an extensive ulcer on the right hip of eighteen months' standing; according to the statement of the patient, he had been fourteen months under treatment in his regimental hospital, and, all applications having failed to heal the sore, he got leave to visit his home that change of air might do him good; the sore becoming worse, he applied for admission into the station hospital in this place; the ulcer was superficial, with jagged edges and unhealthy flabby granulations: there were several small, deep, foul ulcers around the large ulcer, at distances varying from one to five inches; the patient was, at first, very unwilling to submit to the treatment (as it required him to lie in a constrained position), asserting, with much appearence of truth, that he had not benifited by all that had been done for him before; he has been under treatment since the third instant, and the large sore has completely healed under the irrigating system, all the smaller ulcers have also healed, with the exception of two that could not be subjected to the treatment, owing to there position.

I think it probable, from the nature of the ulcers, that the addition of sulphas zinci or nitras argenti to the water would have expedited the cure, but I was unwilling to make the addition, as I wished to try the action of pure water alone on the sores.—[*Indian An. of Med. Science, and Ranking's Abstract.*

*On the Escharotic Treatment of Cancer.* By Professor Syme

After some sour comments upon Dr. Fell's mode of treating cancer, and upon the conduct of the surgeons of the Middlesex Hospital, in allowing so irregular an experiment to take place under their auspices, Mr. Syme proceeds to state his own opinion upon the escharotic treatment of cancer and to offer certain practical rules upon the treatment of cancer generally.

"If," he says, "caustic is ever used for destroying malignant textures, it should, therefore, be of such power and employed as to strike at once at the root of the evil, and I am able to suggest efficient means for this purpose.

"Mons. Velpeau, in speaking of the caustic made by mixing sulphuric acid with saffron, expresses his persuasion that it would be the best of all escharotics except for its expense and the difficulty of confining its action within certain limits. It occured to me that sawdust would supply the place of saffron, and my assistants at the hospital ingeniously devised the following effectual means of restraining the extent of action. A solution of gutta percha in chloroform is applied to the skin for some distance around the part to be attacked; then a thick piece of the same material, with an aperture cut in it of the requisite size, and softened by exposure to heat, is pressed firmly so as to adhere everywhere to the surface thus prepared; a thin piece is next glued round the edge of the opening, so that, when supported by a stuffing of lint, it may form a wall enclosing the diseased part. Concentrated sulphuric acid, with about an equal weight of sawdust stirred into it, until the admixture assumes homogeneous consistence equal to that of thin porridge, is lastly applied, in quantity proportioned to the extent of thickness concerned. In the first instance, as the pain is acute, opiates or chloroform may be used; but after a short while, so little uneasiness is felt that the patient can easily allow the caustic to remain for ten or twelve hours, when it will be found that the whole diseased mass, though covered with skin and several inches in depth, has been reduced to a cinder, presenting the appearance of strongly compressed tow. Under poultices, the slough seperates in the course of days or weeks, according to its depth, and the sore then heals without any trouble. If, therefore, patients from an unconquerable dread of cutting, should prefer the escharotic treatment, or if the circumstances, on any other account should seem to render this method eligible, the procedure just described may be found useful.

"In conclusion, I beg to offer the following principles or practical rules for the treatment of cancer:—

"1. The treatment of cancer may be divided into curative and palliative.

"2. The curative treatment should not be undertaken when the local disease is so seated or connected as to prevent its complete removal; when the lymphatic glands are affected; and when the patient's general health is deranged.

"3. Removal may be accomplished by means of the knife, escharotics, and ligatures.

"4. Of these means, in general, the knife is best, and ligatures the worst.

"4. Escharotics may be used with the most advantage when the disease is superficial.

"6. Escharotics, employed with a curative view, should always destroy the whole morbid part by one application.

"7. The palliative treatment is generally best accomplished by means of soothing applications and attention to the general health.

"8. When the local disease is very troublesome, it may sometimes be relieved for a time by destruction of the morbid growth.

"9. The best agent for this purpose, and also with a curative view, is concentrated sulphuric acid properly applied."—[*Edinburgh Med. Jour., and Ranking's Abstract.*

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*New test for Manganese.*—Bottger has given us a new re-agent for manganese. He states that the minutest quantity may be detected by the chlorate of potash. In order to detect it, throw a small quantity of the material suspected to contain manganese into a test tube, which already contains the chlorate of potash in a state of fusion. After the combustion has entirely ceased and the tube is cold, a peach blossom residue will be left if there has existed the smallest quantity of manganese. By means of this re-action Bottger has discovered manganese in box-wood, beech, cork, in the iodine of commerce, tea leaves, and several articles of food.

# The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS, DIGNITATEM ARTIS MEDICÆ TUERI.

PRIZES, McGILL COLLEGE, 1857-58.—The following University Prizes were awarded by the Medical Faculty on the day of convocation:

*For Theses.*—Mr. Timothy F. English, Mr. William H. Taylor.
*For Examination, Final.*—Mr. Wm. Harkin.
" *Primary.*—Mr. Jas. J. O'Dea.

The following Class Prizes were presented by the respective Professors at the termination of the past course of lectures:

Materia Medica.—*Prize Essay.* Mr. A. A. Duhamel.
Clinical Medicine.—*Reports of Cases.*—Mr. Wm. Harkin.
Clinical Surgery.—*Written examination.*—Mr. L. T. Robitaille.
" *Reports of Cases.*—Mr. W. P. O. Whitwell.

Graduates in Medicine, McGill College, 1858.—With the names of these gentlemen, which we subjoin, we also append their several places of residence and the subjects of their theses:

James Kerr, London, C. W., Pneumonia.
T. F. English, London, C. W., Tuberculosis.
James McGarry, Niagara Falls, C. W., Cirrhosis.
William Harkin, Hawkesbury, C. E., Spontaneous Human Combustion.
George Pattee, St. Johns, C. E., Albumen in Urine.
L. T. Robitaille, Varennes, C. E., Bleeding at the Bend of the Arm and its Accidents.
W. H. Taylor, Montreal, C. E., Cardiac Dropsy.
C. W. E. Glenn, Chambly, C. E., Leucorrhea.

Dr. Robitaille delivered the valedictory on behalf of the Graduates in Medicine. The Graduates were then severally presented by the Dean of the Faculty and received their degrees, and were addressed by Professor Hall, M. D.

Primary Examination, McGill College, 1858.—This Examination was successfully passed by the following gentlemen:

Samuel S. Macklem,
E. W. Smith,
James Stephenson,
William Rumsey,
Thomas Keeler,
Andrew Hamilton,
Gilbert Provost,
William A. Duckett,
Robert W. Carroll,
Philippe Giroux,
James Macintosh,
Samuel A. Carter,
James J. O'Dea,
—— Marr.

Walker H.

Honor to Dr. Hingston.—We are much gratified to learn that Dr. Wm. Hales Hingston of this city has been elected a member of the Imperial Leopold Academy of Germany, one of the most distinguished of Foreign Societies. It consists of the eminent Physicians and Naturalists of that country, and also enrols on its list a few of those of other parts. It is presided over by the celebrated Nees Von Esenbeck, who has been its chief officer for many years. Its motto is "nunquam otiosus," and its transactions, regularly published, in ponderous tomes bear testimony to the propriety of the words. We sincerely congratulate our esteemed *collaborateur* upon having attained so high an honor, of which we believe he is so far the sole recipient in Canada.

New York State Inebriate Asylum.—The suggestions of recent writers on Dipsomania seem to be about to be realised in New York State. An important Board has been chosen from among the subscribers for the purpose of determining the locality of the asylum. The amount subscribed at a short notice amounts to 50,000 dollars. Among the subscribers are more than 800 physicians, 90 judges, 400 clergymen, and 1,500 merchants. The largest Medical petition that has ever been sent to any Legislature for an appropriation has been sent to the New York Legislature on behalf of this object. More than 1,300 physicians have memorialised that body in regard to the importance and necessity of the Institution.

Bréant Cholera Prize.—This premium will be of the value of 100,000 francs. It will be adjudged to the most successful competitor by the Academy of Sciences. It is requisite that the *concurrents* shall fulfil one or more of the following conditions, viz:—Find a treatment which will cure Asiatic Cholera in an immense majority of cases; or indicate in an incontestable manner its causes in such a way as to lead to their removal, thereby extinguishing epidemics; or they must discover a prophylactic as evident as that of vaccination in preventing small pox.

Notice.—The thirteenth annual meeting of the Association of Medical Superintendents of American Institutions for the Insane, will be held in the City of Quebec, C. E., to commence on the second Tuesday in June, at 10 o'clock, A. M.

Errata.—In our last number at page 559, instead of "in a letter which will be found immediately following this notice," read—*in a letter which will be found at page* 570.

To Correspondents.—Dr. P. Galt. Communication will be received.

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## ANNUAL MEETING OF THE BOARD OF GOVERNORS OF THE COLLEGE OF PHYSICIANS AND SURGEONS, C. E.

Montreal, 11*th May*, 1858.

The General Annual Meeting of the Board of Governors of the College of Physicians and Surgeons of Lower Canada was held this day, at the Mechanic's Institute.

The following governors were present:

Drs. Frémout, Chamberlin, Morrin, Von Iffland, Sewell, Bibaud, Glines, Johnson, Russell, Munro, Turcot, Badeau, Boyer, Fowler, Weilbrenner, Jones, Sutherland, Foster, Sabourin, Hall, Marsden, Smallwood, Fraser, Landry, Brigham, Peltier.

Drs. Boudreau and Marmette sent in excuses for non-attendance.

A gentleman, pupil of Laval University, wished to pass his examination for License, but as his four years curriculum was not completed, his demand was rejected.

Mr. McKenzie, bearer of a diploma from the University of New York, and whose curriculum was also incomplete, was not allowed to come up for examination.

The Board, before giving attention to private business, proceeded at once with the examinations.

The following gentlemen, with diplomas from McGill University, received their license:

Messrs. Wm. Harkin, W. H. Taylor, Ch. W. E. Glen, Alex. P. Reid, James McGarry, L. Robitaille, George Pattee.

Dr. A. J. Androuszenier, with a diploma from the University of Paris, received his license after examination.

Dr. F. Reynolds, with diplomas as licentiate and as fellow of the Royal College of Surgeons of Ireland, received his license, also after examination.

The following gentlemen, after satisfactory examination, received their license, to practice:

Messrs. Jos. Renaud, L. A. Fortier, Ad. Dagenais, Eust. Lemire, D. D. Marsil, Ed. Chévrefils, G. Fleury, Onés. Pelletier, Pierre Beaudouin, W. Foster.

Mr. Roderick McLeod, after the usual examination, received his license as druggist.

The following were admitted to the study of medicine:

Messrs. J. B. Chagnon, H. Fontaine, Alf. Migualt, Alf. Vilbon, Th. Larue, F. Paré, Th. Lacasse, U. Rochon, H. Préfontaine, O. Bouin, N. Coderre, S. St. Cyr, L. A. Nadeau, E. Prévost, M. Lapointe, X. Beaudry, Alph. Barbeau, Léon Vermet, Y. B. Paradis, Yicks Labelle, Y. Lathier, A. Fortier, Ch. Quevillon, O. Dagenais, A. V. Valois, Cyrille Bochet, G. Lamontangue, Y. Aheon, Colin Sewell.

The examination being over, the Memorial of the College of Physicians and Surgeons, C. E., to be submitted to his Excellency the Governor-General, and which has already been published in the May number of the Medical Chronicle, was discussed fully and approved.

The same Committee also submitted a bill to be presented, regarding Physicians convicted of felony. It was approved and passed.

Drs. Chamberlin and Smallwood examined the Treasurer's Accounts and reported favorably. The meeting then adjourned.

HECTOR PELTIER, M.D.

*Secretary for the District of Montreal.*

## OBITUARY.

Death of Sir James M'Grigor, Bart., K. C. B.—We regret to announce the death of Sir James M'Grigor, Bart., M.D., K.C.B., late Director-General of the Army Medical Department, which mournful event occurred at 3 Harley street, Cavendish square, London, on Friday 2nd April, 1858, in the eighty-seventh year of his age.

Sir James was born at Cromdale, Strathspey, Invernesshire, and was educated at Marischal College, Aberdeen, of which college he was elected Rector in 1822, and again in 1823, when he was opposed by Mr. Hume, M.P. Having concluded his course of study at Marischal College, he proceeded to Edinburgh, where he had the advantage of the able tuition of Black, Monro, and Gregory. Sir James held successively in the field and at home the highest offices in the Medical Department. He was chief of the Medical Department during the disastrous Walcheren campaign; after this he was appointed Inspector of Hospitals for Portsmouth, Severn, and the south-west districts. He was then appointed chief of the Medical Department under the Duke of Wellington in the Peninsula, and so ably discharged his duties, that the Duke wrote of him: "I consider him one of the most industrious, able, and successful public servants I have ever met with." His long tenure of the office of Director-General must be fresh in the recollection of our readers. His scientific productions are not numerous; being chiefly "Medical Sketches of the Expeditions to Egypt and India," and some observations on "Fevers."

Sir James gained the esteem and affection of all the members of the Service whilst he presided over the Medical Department, as was evinced by the collection of subscriptions to the amount of £1,000, for a service of plate and a portrait of him, which was presented to Lady M'Grigor. For some years before his decease he lived in retirement, and until within a short time maintained an appearance of healthy vigour. We append a summary of the principal events of his life:—Sir James entered the Service in September, 1793, as Surgeon of the 88th Regiment; he served in Holland and Flanders in 1794-5; in the West Indies in 1796; in the East Indies in 1798; in Egypt as Superintending Surgeon of the Anglo-Indian Army in 1801; with the Army at Walcheren in 1809; and in the Peninsula from 1811 to the end of the war. His commissions bear date as follows: Surgeon, September 13, 1793; Deputy Inspector-General, June 27, 1805; Inspector-General, August 25, 1809; and Director-General, June 13, 1815. Sir James, for his services, had received the war medal with five clasps, for Egypt, Badajoz, Vittoria, Pyrenese and Toulouse.

Death of Dr. Widmer.—Dr. Widmer, a physician well known to every person who has ever resided in Toronto, for many years a Legislative Councillor, and one of the oldest medical practitioners in the Province, died lately. He had been in the Legislative Council during several of the recent debates there, apparently in his usual health. But it seems that the loss of an only son, some time ago, had very much preyed upon the mind of the father. He had had a very handsome vault built for the body of the young man, and he had gone to visit the place. On arriving at the steps going down to the door of the vault, he was overcome by some sudden emotion, mental or physical, and fell down the stairs. There he lay for some hours, and was at last found by a passer-by. The day was cold, and a person of Dr. Widmer's age must have suffered greatly from the lowness of the temperature, if from no other cause. But it is presumed that the attack was one, in itself, of a mortal tendency, and though the doctor was alive when he was found, and conveyed home, he only lived a very few hours."—*Correspondent Montreal Herald.*

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Bureau of Agriculture and Statistics.

Toronto, April 30, 1858.

Patents of Inventions.

His Excellency the Governor General has been pleased to grant Letters Patent of Inventions for a period of *fourteen years*, from the dates thereof to the following persons, viz :—

William George Oliver, of the City of Toronto, County of York, Dentist, for "A new and useful method of applying and using *electricity* as an *anesthetic agent in extracting teeth* and in other surgical operations."—Dated 16th March, 1858.

Dalrymple Crawford, of the city of Toronto, county of York, merchant, for "An improvement in the manufacture of Soap."—Dated 16th March, 1858.

Walter James Fitzarthur Toulmin, of Old Yonge Street, near Toronto, county of York, Professor of Music, for "A self-generating Gas Burner and Lamp."—Dated 16th March, 1858.

Daniel Coombs, of the City of Montreal, trader, for "A combined Churn and Cream Freezer."—Dated 31st March, 1858.

Thomas Maxwell Bryson, of the city of Montreal, Custom House Broker, for "A new and improved method of protecting the toes of Boots or Shoes."—Dated 31st March, 1858.

SIXTH BATALION, HUNTINGDON.

To be Surgeon :—Edouard Laberge, Esquire.

MONTREAL LIGHT INFANTRY.

To be Surgeon :—Assistant Surgeon Robert Godfrey, M.D., vice Fisher, who retires, retaining his rank.

## HOSPITAL RETURNS.

MONTREAL DISPENSARY.—ANNUAL REPORT FROM 1ST MAY, 1857, TO 1ST MAY, 1858.

Patients admitted, 437; attended at home, 27.

AGES.—Under 2, 47; from 2 to 8, 54; from 8 to 20, 68; from 20 to 40, 128; from 40 to 60, 106; 60 and over, 26; unknown, 8.

SEXES.—Males, 161; Females, 276.

DISEASES AND ACCIDENTS.

| | | | |
|---|---|---|---|
| Febris com. cont., | 2 | Neuralgia, | 6 |
| " remitt., | 1 | Neurosis, | 3 |
| Scarlatina simp., | 1 | Odontalgia, | 1 |
| Variola | 5 | Sciatica, | 7 |
| Rheumatismus, | 10 | Sol. Ictus, | 1 |
| " acut, | 1 | Vertigo, | 1 |
| " chronic, | 3 | Acne, | 1 |
| Lumbago, | 3 | Aphtha, | 1 |
| Pleurodynia, | 1 | Crusta lactea, | 4 |
| Debilitas, | 7 | Eczema, | 3 |
| Struma, | 2 | Erythema, | 1 |
| Chlorosis, | 1 | " lichen, | 1 |
| Incognita, | 4 | Erysipelas, | 1 |
| Irritatio, | 7 | Favosa tinea, | 1 |
| Phlogosis, | 2 | Furunculus, | 3 |
| Hæmorrhagia, | 1 | Herpes, | 3 |
| Morbus cordis, | 1 | Intertrigo, | 1 |
| Palpitatio, | 1 | Lepra chron., | 1 |
| Aphonia, | 1 | Psoriasis, | 2 |
| Asthma, | 4 | " syphil., | 1 |
| Bronchitis, | 26 | Prurigo senil., | 1 |
| " chron., | 11 | Rubeola, | 1 |
| Catarrhus, | 28 | Scabies, | 5 |
| " acut, | 2 | Urticaria, | 1 |
| " chronic, | 6 | Amaurosis, | 1 |
| " senilis, | 3 | Cataract, | 2 |
| Coryza chron., | 1 | Conjunctivitis, | 1 |
| Emphysem pulm., | 1 | " phlycten, | 1 |
| Hœmoptysis, | 1 | Cornea corp. inusit., | 1 |
| Influenza, | 1 | " ulcus, | 1 |
| Pertussis, | 6 | Ophthalmia, | 2 |
| Phthisis pulm., | 25 | " Tarsi, | 1 |
| Pleuritis, | 1 | Pterygium, | 1 |
| Pneumonia, | 1 | Sclerotitis, | 2 |
| Tracheitis, | 1 | Otorrhœa ch., | 1 |
| Cholera Canadens., | 1 | Adenitis, | 7 |
| Colica, | 1 | " chronic, | 1 |
| Constipatio, | 24 | Gland Lingl. Hypert., | 1 |
| Cynanch Tonsil acut, | 4 | Phlegmas dolens, | 1 |
| " " chron., | 1 | Abscessus, | 2 |
| Dentitio, | 10 | Ambustio, | 1 |
| Diarrhœa, | 23 | Contusio, | 7 |
| " chronic, | 7 | Vulnera, | 9 |
| Dysenteria, | 4 | Ulcera, | 7 |
| Dyspepsia, | 19 | Ulcus Pharyng., | 1 |

DISEASES AND ACCIDENTS.

| | | | |
|---|---|---|---|
| Ulcus Pharyng. chronic, | 1 | Bursitis, | 1 |
| Helminthiasis, | 24 | Morbus Coxæ., | 1 |
| Hepatis torpor, | 1 | " talor, | 1 |
| Hepatitis chron., | 1 | Periostitis, | 1 |
| Hypochondriasis, | 6 | Syuovit chron., | 1 |
| Icterus, | 1 | Invertio unguis, | 1 |
| Muco-enteritis, | 1 | Blenorrhagia, | 1 |
| Prolapsus ani, | 1 | Gonorrhœa, | 1 |
| Tœnia, | 2 | Syphilis, | 1 |
| Cephalalgia, | 4 | " consecut., | 8 |
| Delirium Tremens, | 1 | Spermatorrhœa, | 1 |
| Eclampsia, | 2 | Amenorrhœa, | 1 |
| Hemiplegia, | 1 | Lactorrhœa, | 1 |
| Hysteria, | 1 | Leucorrhœa, | 1 |
| Insanitas, | 1 | Menorrhagia, | 3 |
| Monomania, | 1 | Prolapsus uteri, | 2 |

ATTENDING PHYSICIANS.—January, April, July, and October: DRS. BOYER and WRIGHT. February, May, August, and November: DRS. JONES and PELTIER. March, June, September, and December: DRS. FENWICK and R. P. HOWARD.

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## RETOUR DES MALADES ADMIS À L'HOPITAL DES URSULINES DE TROIS RIVIÈRES, DEPUIS LE 1ER JANVIER, JUSQU'AU 31 DÉCEMBRE, 1857.

| | |
|---|---|
| Malades restant le 1er Janvier, 1857, | 9 |
| Admis jusqu'au 31 Décembre dernier, | 120 |
| | 129 |

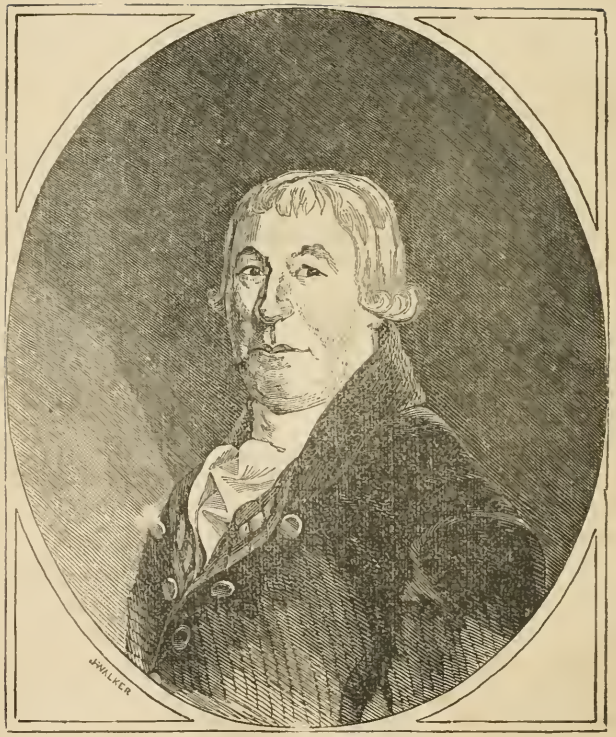
| MALADIES. | | MALADIES. | |
|---|---|---|---|
| Anasarca, | 1 | Ophthalmia, | 6 |
| Pneumonia, | 9 | Phthisis, | 4 |
| Scorbutus, | 4 | Rheumatismus, | 6 |
| Hepatitis, | 4 | Fracture of the Fore-arm, | 1 |
| Amenorrhœa, | 3 | Ischuria, | 1 |
| Pleurodynia, | 2 | Hysteria, | 2 |
| Paronychia, | 4 | Fevers, | 6 |
| Peripneumonia Notha, | 1 | Dyspepsia, | 6 |
| Paralysis, | 1 | Ulcers of the Leg, | 5 |
| Burns, | 2 | Gluteal Abscess, | 1 |
| Intermittent Fever, | 1 | Scrofula, | 1 |
| Influenza, | 7 | Dysmenorrhœa, | 1 |
| Pleuritis, | 8 | Hematemesis, | 1 |
| Hydrothorax, | 2 | Asthma, | 3 |
| White Swelling, | 1 | Diseased Prostate, | 1 |
| Gastritis Chronic, | 2 | Furunculus, | 1 |
| Fracture of Tibia, | 1 | Erysipelas, | 1 |
| Ascites, | 3 | Varices, | 1 |
| Anorexia, | 15 | Gangrene of the Toes, | 1 |

| | |
|---|---|
| Déchargés guéris ou Soulagés, | 119 |
| Morts, | 2 |
| Restant a l'Hopital, sous traitement, | 8 |

G. BADEAUX, M. D.

## MEDICAL NEWS.

Wm. Lawrence, Esq., F.R.S., London, has been appointed one of the Queen's Sergeant Surgeons in ordinary, in the room of the late Benjamin Travers, Esq.—Edward Stanley, Esq., and James Paget, Esq., have been appointed Surgeons extraordinary to the Queen.—Quacks are said to bear the same relation to the medical profession, with that of the pediculus to the human body on which it preys.—Mrs. ——, the mother of several children, was lately delivered of a female child having six fingers on each hand and the same number of toes on each foot.—Among the assigned causes of death in "The Curiosities of Registration" occur the following amusing blunders:—Imperfect closure of the *foreman*." "*Turner* on the right arm." "Disease of the *lever*."—Dr. Sanford B. Hunt having retired from the practice of medicine, has resigned his connection with the "Buffalo Medical Journal," which will be conducted by Dr. Austin Flint, Jr.—It is computed that in a single parish in England, judging from a single druggists' weekly return of retail sales, that the working classes (though they are by no means the sole consumers) spend not less than £700 or £800 a year in laudanum and opium.—The Academy of Sciences, at Paris, at its session on the 8th February, 1858, awarded to M. Brown-Séquard, a prize for his persevering researches into the properties of the arterial and venous blood.—The same Academy has awarded a prize of 2,500 francs to M. Broca, for his treatise on aneurisms—the same sum to M. Morel, for his treatise on degeneration—the same to Messrs. Delafond and Bourguignon, for their researches on the itch among animals.—It is said Russia lost in the late war 382 army surgeons. In the French service 1 in 6 7-10 military surgeons died in conquences of disease contracted in the Crimea.—In a chemical lecture room in the Pesth University, a compound of cyanid mercury and hydro-chloric acid exploded, wounding the professor and his assistant in the eyes. The pupils seized with a panic, rushed to the door and some jumped out of the window. In leaping out they broke a vessel placed beneath the window containing the hydro-chloric acid, and several were injured.—The celebrated Chomel of France died recently at his country house, after a long and painful illness, which had for the last few years prevented him from attending to practice.—300 sick and wounded soldiers were on their way from India in the ships Hotspur and Emily.—The Lord Lieutenant of Ireland has been pleased to appoint Dr. Law, King's Professor of the Institutes of Medicine, and Dr. Banks, King's Professor of the Practice of Physic, to be physicians in ordinary to his Excellency.—In the same Intelligencer we also learn the same potentate has furthermore graciously appointed Mr. John McKenna, of Dawson st., Dublin, to be breeches-maker to his Excellency.—The Jacksonian prize has been awarded to Alfred Poland, Esq., of Guy's Hospital, for his essay on gunshot wounds and their treatment.—The celebrated Prof. Robert Harrison, of Dublin, author of the popular "Dublin Dissector," died last St. George's day of an apoplectic seizure.


J.WALKER

THE

# MEDICAL CHRONICLE.

VOL. VI.] JULY, 1858. [No. 2.

## ORIGINAL COMMUNICATIONS.

ART. III.—*Clinical Selections*, by WM. WRIGHT, M.D., L.R.C.S.E., Professor of Materia Medica, McGill College, Physician to the Montreal General Hospital, &c.

VI. *Amputation of the shoulder joint for Osteocephaloma simulating Aneurism.*

The origin and progress of malignant affections often continue to be matters of obscurity after the leading features connected with their known history have been disclosed. These lesions frequently are found succeeding an injury of a part, at other times no local cause is appreciable, while in a third class, as in the case subjoined, some uncertainty may prevail as to the real bearing which alleged provocation may have had upon the production of the specific disease, from having been frequently renewed, often before and occasionally after the obvious establishment of the latter condition, leaving the examiner much perplexed in his attempts to fix upon the positive date of its development. Nor is the endeavor, to establish a relative dependency between the constitutional taint and the topical disease, always more successful; experience shows that either may precede the other, the latter may seem to be a partial concentration of the former, or the former may equally look like the general diffusion of the latter, or instead of these simple evolutions, the formation may be more intricate as may now be learned. A man in ruddy health meets with an accident, the limb becomes the seat of similar oft repeated misfortunes, these through suffering and confinement imply

systemic debility, injuries again follow, evidences of specific local disease at length unmistakeably appear, and then the constitutional infection prominently manifests itself.

History.—In October 1853, Mr. Angus S. McDonald, of Cornwall, received a fracture of the left os humeri: at the time he was acting in his capacity as a bailiff, and was resisted, he was violently knocked down by a blow upon the cheek, and while rising, was either hit or kicked upon his arm, but is not certain which, as the injury was inflicted during a dark night. A practitioner was immediately called in, but before his arrival a considerable degree of swelling had supervened, he delayed putting up the limb in splints till next afternoon, ordering merely the application of cold water; the bone was believed to have been broken about 4 inches above the elbow. The first adjustment became imperfect from the subsidence of the enlargement, and in a few days after, it was necessary to put up the limb a second time, it was now left with the splints undisturbed for 5 or 6 weeks, the only interference made by the Dr. at his occasional visits being a slight tightening of the bandage if found loose, at the end of this period the appliances were removed; the arm upon exposure appeared crooked, and presented a slight convexity along its outside. It was large about the fractured vicinity from unabsorbed callus, and rather powerless, but free from pain.

Since then he has met with many more accidents, and in all, the weak part has chiefly, if not wholly, suffered.—Two of these he can particularly recall to mind. During the ensuing winter (about February) in one day he was twice thrown out of a cutter, and each time fell upon the arm: the consequences were so severe as to lay him up for several weeks; the bone was suspected to have been broken, and the limb, from the wrist upwards, became much swollen and discoloured like an extensive ecchymosis, these slowly disappeared and were succeeded by a rheumatic sensation of a chronic character. In the following fall he fell upon the ice and struck the elbow; it continued sore for a long time afterwards. He found, subsequently, that any sudden jar or disturbance of the arm, as from a false step, would re-induce the uneasiness for hours together. Exertion, even though slight, also produced more or less distress, but there was no pain without provocation.

In March, 1856, a decided change for the worse occurred. He then felt great pain all through the arm, originating about the centre and extending up and down to the shoulder and elbow; he remembers it as being "heavy and dead," "hot and beating," steady," but never lancinating; though constant, it was always worse at night, and he refers the difference to the diversion of his mind through the day by its amuse-

ments or passing circumstances. He has never since passed a day of exemption from suffering. Latterly he thought it getting worse, especially along the outside of the arm.

Simultaneously, or nearly so, with the development of the pain, the present tumor exposed itself. It began "on the top" or front of the arm; when first particularly noticed it was about 2 or 2½ inches square, diffused, and not very prominent. It enlarged gradually till last fall, since when it has grown so quickly as to have become now as large again as it was before: it amplified by extension of its borders, rather than by elevation of its surface. The augmentation seems to him to have been principally upwards, along the front aspect of the arm. "Under the arm" (inner surface) he found it did not grow much. It was always rather hard, he could only press it freely along the inner surface, in any other part he could scarcely bear to touch it. The surrounding skin was not reddened nor discolored: did not observe any developement of veins except one large cross vein which, he thinks, he never perceived before the time of the primary fracture.

Has noticed "a thrill" along the inner part ever since the fall from the cutter; as the swelling became greater he thinks this perception grew more evident.

His system is giving way before the advance of the local disease: from the establishment of the latter he discerns a remarkable alteration in his face, it was previously full and florid, but subsequently it faded and got to be thin as well as pale; he also became care-worn, appetite faltered, and sleep broken. Within the last half year he experienced frequent epistaxis which he never had before; it happened usually every 2 or 3 days, and was seldom absent beyond a week's delay; sometimes, though rarely, has had two distinct hæmorrhages during the same day. On each occasion the amount of blood lost averaged about a wine-glass full, —it was commonly thin and dark. Never has had bleeding from any other source. For the past two or three years he has been subject to profuse sweatings at night, which he says were not preceded by rigors. During the greater portion of this period he has been annoyed by a cough: it is usually dry, but latterly has been attended with a scanty expectoration of phlegm, he thinks it is partly kept up by the dorsal decubitus, to which he is confined, while in bed, by his arm. Has been subject to catarrh from boyhoood, particularly at spring-time.

Had a cousin (father's side) who died of cancer of the cheek, but knows of no other relation who had any malignant disease. His mother died of phthisis, but no other member of his own family has been visited by it.

He had been seen by different medical men in Cornwall and its vicinity, and recently had consulted my old and excellent friend, Dr. Bergin of the former town, who very considerately advised him—in view of the desperate character of the disease—to get further council before submitting to an operation. Accordingly he came down to Montreal, consulted me, and entered the General Hospital.

Present Condition, 4th May, 1858.—The left arm exhibits a tumor of an oblong form, which measures circumferentially at its superior part 17¾ inches, nearly the same at its middle, and 14 inches inferiorly, its length anteriorly is 11 inches. It is not circumscribed or isolated, but appears as an involvement of the entire thickness of the limb; it occupies the greater portion of the extremity, encroaching close upon the shoulder and ending just above the elbow, it rises rather abruptly, but terminates in a more tapering manner; the surface is for the most part smooth and uniform, though about ⅔ds of the tumor are separate from the rest by a slight intervallation, and there appears in some parts a tendency to a few small tuberos inequalities. It feels decidedly firm and consistent, and is not yielding nor elastic upon pressure, does not distinctly recede before compression,—the inner surface is more moveable than the rest,—it conveys to the touch, particularly upon the front and outer aspects, the idea of a fibro-cartilaginous growth. No crackling sensation elicited. Palpation increases pain; feelings are those already described. There is no discoloration of the investing skin, no remarkable developement of cutaneous veins, but those seen are very turgid. A peculiar thrill is perceptible over the course of the brachial artery,—the vibratory succussions communicated convey the notion of a number of fine shot being rapidly whirled along under the fingers,—it extends also across a breadth of an inch or more, for some extent in the central portion of the arm. A very decided Bruit de soufflet is audible over the artery, and also from different parts of the tumor, most intense in proportion to the propinquity of the main artery: pulsation is heard throughout the tumor, it is a deep heavy beat, and apparently transmitted, not spontaneous, it is sufficiently strong to be denoted by a sensible elevation of the stethescope, even when the outside is explored. Compression of the subclavian artery, of course, annuls all these vascular signs: it is not, however, attended with any discoverable decadence in the volume of the tumor. The hands made to grasp the growth appear to feel a pseudo-expansion during the occurrence of the pulse. Radial pulse of the diseased side weaker and more obscure than the sound side. A functional bruit is generally evident especially over the heart (Aortic Systotic) along the right subclavian, &c. The individual has an anæmic appearance

which, with the other general symptoms, has been already described under history.

It will be observed that the symptoms partook of those of Aneurism and of tumor of the bone, so that in a broad way the diagnosis lay between them. Practically, the decision was of little importance, for a similar treatment was applicable in both. Amputation at the shoulder joint being certainly the only resource in the case of such an extensive tumor as the present; and in the eyes of many, a more judicious expedient than deligation of the subclavian artery, had it proved to be an immense Aneurism. The sources of fallacy were striking and important. The considerations which leaned to the side of Aneurism were the fact of previous fracture,—the presumption of a wounded artery from the huge ecchymosis of ancient date,—the presence of tangible thrill since the time of this occurrence,—with this, the additional signs of bruit, pulsation, &c. Without, however, having become acquainted with these minutes of the history, and judging simply from rapid sight and casual touch, the primary impression formed was that the disease was a tumor, probably an osteocephaloma. But a more lengthened review of the merits of the case led to a confirmation of the opinion in favor of Aneurism, for the firmness of the mass and the condition of its surface—the ostensible opponents to this view—were both explainable upon the supposition that the fracture had been badly set, the bone grown together again in an incurvated fashion with the convexity of the curve directed ontwardly, producing a kind of bed in which the sac rested. The union of the bone in this round way would also account for the extensiveness of the hard covering, as the enlargement would provoke an increase in the deposition of provisional callus, and a spreading out of this material to strengthen the bone in a position naturally weak. The same interpretation would also serve to render some other obscure features intelligible, such as the undecided manner of the expansion of the tumor, the doubtful quality of the pulsation, &c. The peculiar thrill —so well sustained and invariable,—and the manifest bruit over the course of the artery, and even to some extent off its track, tended yet further to assure the mind of the observer that the brachial artery was in an Aneurismatic state. The probability, however, was that with this some tumor of the bone also existed. For the size to which it had attained, —the unabating suffering it had given rise to,—the fulness of the veins —the unfavorable change to an unhealthy whitening and withering of the face,—the concurrent experience of a deliterious influence preying upon the general health furnished by epistaxis, night-sweats and other serious symptoms, inclined to the well-founded belief that the disease

was not simply an abnormality in the physical condition of a part of the vascular apparatus, but, on the contrary, an independent growth or formation of a suspicious character. The natural force of these reasonings received material support from the adjuvant considerations which have previously engaged us, but to preserve the investigation as simple as practicable, these need not here be re-entered upon. And this is another testimony to the necessity for general investigation on "the classical method," for to confine the attention to the local signs, it were extremely difficult, if not impossible, to escape the belief that the case was merely an Aneurism.

I believe the local evidence was of as strong a character as that which has been the source of deception in other examples, with perhaps this difference, that in them it was not so fully, if at all corrected, by the collateral testimony afforded by other parts; here a knowledge of the history chiefly unveiled some of the mystery,—but in them this intelligible assistant sent forth no available teachings,—nothing could be derived from it that aided in dispelling the obscurity which through similitude or imitation the notable signs of the part evinced. Mr. Stanley, Medico-Chirurgical Transactions, Vol. 28, has an interesting article upon the subject of "pulsating tumor of bone," in which he observes "it is certain that there have been instances of the tumor of bone, the pulsations of which were in every particular identical with those of Aneurism." Again the same gentleman, in his treatise on the diseases of bone, in reference to the same subject says, "the character of pulsations has been in many instances so perfectly identical with the pulsation of Aneurism that the most experienced surgeons have been deceived by it." But it is not pulsation alone is deceptive; he also alludes to the apparent perfectness in the results which followed in these cases from compression of the artery on the cardiac and distal sides with those of Aneurism, and to the fact that even direct compression of the tumor caused a partial emptying, and slowly remitting the pressure, the sense to the fingers of a rush of blood into the tumor. In a case he details the strongly marked bellows sound of Aneurism; and in one by Mr. Guthrie "the whizzing sound, attendant on the flow of blood into an Aneurism, could be very distinctly heard." Individual cases may, furthermore, be encountered, presenting peculiarities in their own features; in some there may be either a slight thrill or vibration through portions of the tumor, while in others there may be the deep heavy pulsation of Aneurism in every part of it. Seeing then how highly probable a mistake in diagnosis may be in certain cases, we are prepared to expect it may lead to inconsistent details in practice Indeed several authentic cases are on record where these apprehensions were fulfilled

As that by Mr. Guthrie, (London Medical and Surgical Journal, 1834,) where a tumor about as large as an adult's head, situated upon the right nates of a female, presented so decidedly the characters of Aneurism that it was believed to be so by Sir Astley Cooper, M. Guthrie and other experienced surgeons who were consulted upon the case, and accordingly a ligature was placed around the common iliac artery; on examination the tumor was found to be composed of cerebriform substance; the arteries were healthy. A second (Med. Chir. Trans, vol. 28,) where Mr. Luke, of the London Hospital, tied the femoral artery in mistake. Another by Mr. Earle of St. Bartholmews, London, where this eminent surgeon tied the left subclavian artery under the persuasion that an Aneurism existed when no such lesion was present. and Mr. Stanley, in a case of pulsating tumor of the Ilium, likewise threw a ligature around the common iliac artery. In these examples had amputation been practicable, it would have formed a proper treatment, even had the reason, for which it had been undertaken, no existence; yet being the proper expedient in tumor, the other alternative, the actual or revealed condition would have justified the practice. In either state it was proper, and, whatever the diagnosis arrived at, its merits would have remained uninvalidated. These marks are substantiated by reflection upon the case now reported.

On the 5th May, a consultation met of the Medical Staff of the Hospital, at which Dr. Bergin of Cornwall was present, whose continued sympathy—deep and disinterested—induced him to leave his own city to be present at the operation, and extend to the poor patient those exhibitions of true charity which "set at liberty them that are bruised." It was decided that I should perform amputation of the shoulder joint.

Operation,—Performed between Noon and 1 P. M. of the same day. After the successful administration of Chloroform, the patient being placed in a convenient situation, the left subclavian artery effectively compressed with a large key, and the left arm held at a right angle fromthe body, the circular operation was commenced. With the performance of the annular division of the integument, in the first sweep of the knife, a gush of blood issued and was unusually copious and impetuous, its color was not arterial but mixed, chiefly, venous; fearing that a sac had been opened communicating with an important vessel, a towel was strongly bound round the arm at the top of the tumor below the mark of the knife, and put a stop to further bleeding. The integument was then separated, turned over and dissected back to a sufficient extent. The knife was next inclined so as to pass under the acromion and up over the head of the humerus, dividing the deltoid muscle and capsular ligament, and open

ing into the joint; it was now passed over the surface of the glenoid cavity of the scapula, and, with a downward force still applied, severed the remaining ties which bound the extremity to the trunk, among the last of which, that were cut, was the axillary artery. The wound being sponged, a search was made for such arteries as required tieing; four ligatures were applied. There being afterwards no significant bleeding, the reflected integument was reponed, and the rounded aperture converted into a vertical linear wound, which shape it was made to retain by a few stitches, and the usual other retentive means of plaster and compress. Lastly, a modified figure of 8 roller covered all in. A powerful shock was sustained by the patient's system, so much so, that it was not considered advisable to take him off the table of the operating theatre till the expiration of about two hours afterwards. There he was kept, at perfect rest, in the horizontal position; and from the general prostration —great weakness of the circulation and reduction of animal heat,— draughts of wine and brandy were given: the hot pan was also applied to the chest and abdomen. He gradually rallied and no undue reaction supervened.

Evening report was that no bleeding beyond a slight oozing had transuded, the patient felt comparatively comfortable, and was doing as well as could be expected.

The circular operation was adopted from necessity, for there was not sufficient room, owing to the high encroachment upwards of the tumor, to permit of the performance of the flap method. Without entering upon the comparative superiority of these two plans, it may be observed, that, even had there been room for an election, the recommendations on the part of the circular are so great, that its claims deserve the most favorable entertainment in every case before a decision be concluded for or against its execution. One advantage, perhaps not sufficiently recognised, inculcated by the present case, is, that the compression of the artery may be safely delayed until the last step of the amputation, when the knife is crossing the articular surface and cutting through the soft axillary attachments of the shoulder, as until then the vessel is not endangered. No necessity certainly exists for compression during the division and reflection of the integuments; but on the contrary, exerting it then, may not only be superfluous, but objectionable, by promoting venous hæmorrhage, or increasing the amount of this flow. This result is inevitable, for the compression, unavoidably involving the subclavian vein, causes an extreme fullness of all the formative branches of this trunk which ramify in the arm, placing them in the analagous condition to that which they present after the application of the bandage in ordinary

venæsection. The rush of blood that escaped upon the first sweep of the knife may partly be explained in this way: it was ,however, so much more abundant than common, that it must principally be referred to an unusually capacious or developed state of the vascular system of the part. The first idea which it suggested was not countenanced by subsequent discoveries, for no sac existed, nor was the artery diseased or degenerated. Supposing, however, the case had turned out to be one of pure aneurism, amputation would still have been preferable to deligation of the subclavian arteries, for many reasons. The risk to life would have been less. The mortality after ligature of this vessel in the third part of its course—the portion to be chosen,—is, in round numbers, 1 in 2, after amputation 1 in 3. The danger is not altogether to the artery being tied, for this happens in both operations, but to the exemption of amputation—of ligating in a flap—from many of the perils which follow the special cutting down upon the artery as wound of the pleura, &c.; as well as from others that depend upon the continued connexion of the limb to the trunk, as erysipelas or gangrene. Another positive benefit afforded, by amputation is, the patient is a gainer of a large share of blood, which was formerly detracted from the wants of more healthy parts to supply the morbid craving of the diseased limb. He has not so much surface nor so many somatic atoms to furnish with nutriment. The little blood he has, will now go further and do more than it did before, and, in a case like the above, the importance of such an advantage is very obvious. Furthermore, the great recommendation—saving the limb—in favour of the ligature, would have been,on the most favorable supposition, a doubtful reality; for, had the arm united crookedly, had the external hardness been a subcutaneous deformity of the mis-placed broken ends, of what use would have been the preservation of such a member? even the possibility of the sac undergoing the necessary changes of resolution, if fully carried out, would have availed nothing. Had, lastly, it may be urged, the case been one of aneurism, the state of the artery would, from proximity, have probably been unhealthy where it was required to be encircled by the ligature; and it would not have undertaken those sanitary changes of reparation which secure the perfect sealing up of its channel, but upon ulceration occurring have become the source of secondary hœmorrhage of a most hopeless nature.

Dissection of the Limb.—The tumor underwent an apparent hardening after the detachment of the limb,and was rather more firm; its measurement indicated no material reduction in size. Its chief projection was forwards and outwards. It presented a subdivision into two enlargments which were separated from each other by a sulcus corresponding to the

junction of the deltoid and brachialis anticus muscles; the superior was somewhat orbicular in its outline, and the inferior pyriform. It yielded a firm, solid resistance to the touch, as if of cartilaginous consistency The arteries of the limb were beautifully injected by Dr. Craik, our expert Demonstrator, and its dissection performed by us. The main artery was of larger size than ordinary, as well as its branches, some of the latter were very much increased in dimensions being swollen from mere twigs,—nameless from their littleness—to tubes rather exceeding a goose-quill in calibre—well deserving of distinctive appellations:—they ramified in a tortuous way over the surface of the tumor, and distributed numerous branches to it, which made its vascular supply to be extraordinarily profuse. The venæ comites were proportionately exaggerated, and distended into blue rolls, yet more excessive. The actual number of vessels seemed also to be increased. The tumor was more immediately enclosed by the biceps, brachialis, anticus, and triceps; the first were especially thinned, flattened, of increased breadth, and spread out over it so as to constitute a complete muscular investment.

Having made a mesian section of the humerus throughout its entire length, the interior of the mass was fully shown. Numerous puncta vasculosa came into sight, several were filled with wax, and corresponded to the arteries described upon the exterior. The division proved that the tumor had originated within the interior of the bone, and by expansion attained to the extreme size of the measures formerly enumerated. The shaft of the bone was lost in the outermost boundary, which was the densest part, and composed of bony granules and exudation deposit: this wall was supported everywhere, but especially in front and foundation, by a thick granular layer of fat, freely fed with minute arteries. Within was the poper substance of the disease, and, as perceived from the flat surface of either half, it exhibited an irregularly ovoidal outline, resolvable into two figures corresponding to the sub-tumors, by a defined line running opposite the external sulcus, and marking probably the situation of the original fracture. The periphery was principally of a purplish tint, and the coloring was disposed in the form of small festoons, which after maceration retained a brownish hue, and the intervals between them looked pale and fibrillated something like the cortical portion of the kidney. The space inclosed had, for the most part, a buff or dull yellowish fatty aspect, not dissimilar to consolidated marrow, but it was also diversified by the presence of dark, livid-looking spots here and there of unequal extent. It was of semi-solid nature, but sufficiently tenacious to permit of thin slices being seperated. Traces of an interstitial formation of ossific matter were visible, as if, in the form of imperfect dissepiments. The morbid deposition extend-

ed through the medullary cavity, and terminated abruptly at the line of the epiphyses; towards its limits it appeared to be more soft pulpy and dark. The microscopical appearances I obtained were not sufficiently pronounced to justify my entering upon their description; and some of my friends, who also placed portions under their instruments, experienced a similar hesitation.*

Half of the bone was examined after it had macerated for 43 days:—it was a mere shell, below its neck it was expanded into a bulbous form and displayed a surface covered with ossicula, projecting more or less horizontally. They presented fine spars and delicate laminæ, so arranged as to make a spiculated rete or thorny net-work of beautiful pattern; their length was various, several jutted out an inch or more. In their midst was discernible a conformity to the bilocular disposition, already noticed, both in regard to the entire and divided tumor; the two cavities communicated through a coarcted portion, or rounded mouth. Close against the inside lay, remaining, several arterial (injected) trunks, each nearly of the magnitude of the ulnar artery. Several were of unequal bore in their course, and appeared to be varicose from being in the state called cirsoid aneurism. They were tortuous, and emitted branches also swollen at irregular points. Together they formed bunches of vessels, and the probability is, in the live-state, they all inosculated by multifarious anastamoses, were preternatural deviations from the nutrient or endosteal branches, and were so distributed as to have branched over the surface as well as pass through the interior of the diseased pulp, producing a vascular congeries of intricate arrangement.

What was the disease?—The presumption afforded by an inspection of the tumor would be that it was an osteocephaloma, but presumption is not always truth. Even actual dissection can fail to solve a mystery, for appearances may be disclosed which admit of different interpretations. According to some, the case before us is a strong example in point. Instead of assumed osteocephaloma, the disease, they might urge, was a myeloid tumor, and not without eminent authority. Mr. Paget refers to cases of these affections, in which he says "during life the diagnosis was impossible," and Mr. Gray confidently declares that an ocular examination of their internal structure "fails to detect any difference between them." He contends, however, that the microscope is sufficient to solve the difficulty. Were this absolutely true, and no alterna-

*Subsequently to the above, Dr. Fraser, an experienced histologist, observed in the juice of the tumor "clear oval cells of various sizes, but mostly large," which, after being tested by ether, shewed that their contents "had simply been converted into granules," there were no distinct nuclei.—W.

tive offering, the present case would remain an uncertainty; but I think it may be shown that a diagnosis is still practicable, even by the unaided eye, if derived from examinations, such as were conducted in this instance, by injection and after maceration. The grounds upon which it might then be established are these:

1. *Activity of Ossification.*

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| Osteocephaloma presents marks of formation of new bony substance, particularly an internal skeleton, and a shell remarkable for its deeply fimbrillated arrangement. | Myeloid tumors present no such evidences. Their pulp is boneless; their walls composed of the ordinary bone expanded and perhaps condensed. |

A difference of opinion is expressed upon this subject as regards cancer. Cruveilhier, for instance, considers this lesion to be characterized by no new development of bone. It may, however, be explained by considering the varieties of cancer which, in this particular, differ as evidently from each other as osteocephaloma from myeloid tumor. Cruveilhier's observation is fully substantiated by the anatomy of hard cancers; wherever this peculiarity "hardness" exists the production of bone appears to be repressed, or even impeded, while on the contrary, the opposite state, "softness", is associated with an excessive osseous developement, and this law is so general that it applies not merely to different species, as between schirrus and medullary, but between varieties of the same species as the last named. Myeloid tumors have not such a consistency as would render fallacious the distinction; they are soft and, therefore to feel as well as sight, resemble ordinary soft medullary cancer, of which osteocephaloma is a form: accordingly, in a doubtful case, the rule above given may be safely trusted. Of its indications the most remarkable is the internal skeleton. This consists usually of a number of trabeculæ or bands, much branched, and decussating so as to leave irregularly open areolæ. The extent to which the fringe of the capsule may reach is strikingly represented by an instance recorded by the eminent Professor Gross of Philadelphia, in his valuable treatise on Pathological Anatomy. "A section of the tumor displayed an immense number of osseous spicules of extraordinary length and delicacy." It was probably an instance of progress by infiltration forcibly splitting up the bone into delicate layers which hypertrophied, and of regularity preserved by slowness of progress.

2. *Vascular condition of the tumor.*

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| Osteocephaloma is preternaturally vascular; the arterial, capillary, and venous systems are greatly magnified both about and within the diseased mass. | I have not discovered that myeloid tumors are distinguished by any preternatural vascularity whatever. |

This peculiarity can only be appreciated by a carefully conducted injection of the extremity after amputation; and from the neglect of this auxiliary may have often eluded detection. Vascularity of this kind is an important feature of medullary cancer, and is a constant and certain one. It is virtually a teleangiectasis, the arterial and venous systems of the osseous tissue being greatly developed. Rokitansky has noticed the peculiarities of this state. As a feature of general medullary cancer, he says, "the soft loose parenchyma of genuine encephaloid is very richly beset with vessels, and they are remarkable for their large size and for the thinness of their walls." It might be thought the difference in this condition, between osteocephaloma and myeloid tumors, arose from the variation in the celerity of their growth, each respectively partaking of the ordinary character of malignant or benign tumors; but it must be remembered that rapid or slow developement is not the cause of the vascularity, but rather an occurrence within its influence or control. An adaptation is found to exist; the quickly enlarging tumor is furnished with the necessary circulatory apparatus, to supply the increasing wants of its multiplying structure; while the slower formation, not requiring an equal abundance of building plasma, is not supplied with a similarly great appendage. The number and size of the vessels are sometimes so ample that they would seem to be more than is required for the wants of the tumor, as in the case reported, still further evincing the real essentiality of this particular, as a sign of osteocephaloma, and therefore of discrimination between it and myeloid tumor.

### 3. *Number of Tissues Implicated.*

In osteocephaloma the disease is not confined to one class of structures—in time all the components of the limb become involved, so that periosteum, tendon, muscle, and all may grow up cancerous together as well as the bone.

Myeloid tumor does not invade any other tissue than that in which it has originated. For the most part it is limited in its developement and growth to the bone or its exterior membrane, where found.

Observe, it is not here stated that myeloid tumors are invariably peculiar to bone; but that they are limited to the structure wherein they begin: they are commonly met with as "bony tumors," but in some rare instances have sprung, like the medullary, from other situations. The difference, perhaps, may be expressed by saying myeloid tumors are solitary or connected with one tissue; cancerous are gregarious, intertwining with many tissues. This test is simple, and would at once serve to free the pathologist of any doubt about a given sample under inspection. If the disease appear as a monstrous growth within the interior of an osseous

case, or as a great hypertrophy of the normal elements of bone constitution, *i. e.*, medulla, endosteum, inorganic constituents, &c., the conclusion is in favor of myeloid; if, on the contrary, the lesion consist in a conversion of two or more of the proper structures of the part into a tumor more or less gross or dissimilar in composition to any normal entity—remarkable for being both multilocular and heterologous, and yet of one specific nature, no doubt will be felt in setting the affection down to the credit of malignancy. To vary the statement: the lesion is myeloid when the covering is osseous; osteocephaloma when the covering is osseous and cancerous, the latter produced at the expense of transformed bone, periosteum, muscle, &c. The researches of Mr. Gray into the subject of myeloid tumors (Med. Chir. Trans., vol. 39)—whose paper will repay an attentive perusal—would warrant our still further extending the present sign. In every case he examined, he found the tumor had taken its origin in the epiphyseal end of a long bone. He advances this as a corroborative fact to support his theory of the origin and nature of myeloid tumors, he believing they are "developed in those parts of the osseous system in which such structures exist in a most distinct and well marked form." But while this is accepted, let it not be forgotten that this localization is a really valuable diagnostic between them and the cancerous, which are not more prone to begin there than in the shaft, but on the contrary are frequently seen to begin in the shaft, and to stop abruptly at the epiphysis, as in the above case.

Osteocephaloma may begin in any part of the bone.

Myeloid tumors confined in its inception to the epiphyses.

Another fact of a practical order connected with this part of the subject is, that in all the cases of myeloid, that have been recorded, there has been a complete absence of all infiltration of its peculiar substance in the shaft of the bone beyond the connection of the tumor, the deposition ends abruptly, and the bone above and below is sound, so that amputation may be practised through the same bone from which the growth proceeds, nigh to the latter's situation, without the least apprehension of the osseous stump taking on the disease, or being visited by a recurring production. With osteocephaloma, however, the position is entirely different; the only safe operation is through a joint, and the removal of the entire bone wherein the lesion appeared; to leave any part behind were to leave a nidus in which, Phœnix-like, the malignancy would revive from the disseminated ashes.

It will be observed that the grounds assumed for the diagnosis are deducible from the case detailed; and if it be admitted that they

are sufficient to establish the distinction, endeavored to be drawn by them, between an osteocephaloma and a myeloid tumor, no reluctance can be had in assigning this example to the class of osteocephaloma, for, as "the dissection of the limb" will recall to mind, the characteristics now laid down of this class were severally present in an eminent degree. It exhibited an unusual activity of ossification both in its adornment of outward fringe, and internal skeleton,—its vascular supply was extraordinarly developed and strongly represented in a leash of enlarged vessels, the arterial components of which had walls so thinned as to become varicose,—it displayed a gregarious habit involving in its own destructive nature at least endosteum, bone and periosteum if not more structures,—and it originated in the centre of the shaft of a long bone and ceased at the epiphyses.

Exclusively of the microscopical differences, which will be found graphically described in various treatises upon Pathology and Anatomy, it were easy, if desirable, to pursue the differential diagnosis between osteocephaloma and myeloid tumor to a much greater limit, for as they are types of the great divisions of malignant and benign tumors so all the individual distinctions which characterize each group might be readily extended by a personal application; as, for example, the heterologous composition—rapidity of growth—self-multiplying power—tendency to ulcerate—specific character of the ulcer—disposition to implicate the lymphatic glands—cachectic impairment of the system, and concurrence of disease in the internal organs which are inseparably connected with medullary cancer, and as surely absent in myeloid tumor; those, however, which have been particularized are nearest related to the present inquiry and sufficient for its purposes.

Termination.—The rest of the narrative is soon told. The result was most desirable. The only adverse event, if such it can be called, that happened, was a slight sanguineous extravasation within the wound, and the blood being confined, by the cutaneous lips having united through primary adhesion, underwent consolidation; the subsequent clot remaining excited free suppuration, and, becoming broken down, mixed with the pus secreted so as to form rather a large collection. About the eighth day it escaped during the dressing. For a few days afterwards the discharge had still a grumous tendency, but its removal, as produced, was facilitated by the introduction of tents. Appearing to be likewise too abundant and thin, on the 15th May, one grain of Quinine in solution was prescribed three times daily, together with a pint of porter. From this period the amendment was decided, and proceeded steadily. No other medicine was given, except an occasional aperient

when necessary, and Imperial as an ordinary drink, which were allowed from the beginning. His diet was sustaining.

21st May.—Three ligatures came away upon gentle extension being applied. Discharge healthy, though rather more profuse than has latterly been. Wound dressed, as before, and supported with compresses. No bad symptom; sleeps well, appetite good, bowels regular, tongue clean, cough much improved. These changes have been observed since his recovery from the immediate effects of the operation, the difference being only in degree or advance. Cont. Tonics, mutton-chop, &c.; has had permission for the last week to dress himself and walk about the ward and passages, and, when fine, across the gallery; and he has availed himself of the leave.

24th May.—Fourth and last ligature withdrawn. Still progressing favorably. Countenance changed in expression, having lost its care-worn, haggard look. Face more full, and less anæmic looking.

29th May. Left the hospital and called upon me. The wound has filled with granulations, and is altogether healed, except at one small spot, where the last thread was extracted, which still gives exit to a little pus. Upon ascultation no bruit was heard over the heart, nor over the subclavian artery of either side. He returned to Cornwall this evening happy and thankful. From intelligence subsequently received, I have been glad to learn the wound rapidly advanced to perfect cicatrization.

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ART. IV.—*Contraction of the Pupil a symptom of Intra-Thoracic Tumours.* By Robert L. MacDonnell, M.D., Surgeon to St. Patrick's Hospital, Montreal, formerly Lecturer on the Institutes of Medicine and on Clinical Medicine, McGill College.

Within the last three years the state of the pupil has attracted the attention of clinical observers as a symptom of aneurism of the thoracic aorta, and it has been remarked that in all the cases recorded, except one, that an unusual *contraction of the iris* corresponding to the side upon which the tumour presented itself.

It is to Dr. Gairdner, of Edinburgh,* we are indebted for having added this interesting symptom to those already known, as aiding the diagnosis of thoracic aneurism, but he seems not to have been aware that I had already directed the attention of physicians to this curious point, as occurring in a remarkable case of thoracic cancer, and that I had even offered an explanation of the connexion of the symptom with

* Edinburgh Medical Journal for August, 1855.

the disease, on the same physiological grounds as have since been considered satisfactory in accounting for its presence. It appears that Dr. Banks of Dublin has also noticed this symptom in aneurism, but I have not been able to obtain the article in which it is recorded. It has again been noticed by Dr. Gairdner and others, and as it furnishes the clinical student with another sign common to aneurism and thoracic cancer, I have thought it useful to re-publish some of the observations which have already appeared in the pages of the British American Medical Journal for June 1850, abstracts from which were reprinted in Ranking's Digest and other journals. It is necessary that the observer should be made aware that this symptom is not *exclusively* a sign of aneurism, but may also occur in thoracic cancer, or indeed, in connexion with any tumour pressing on the sympathetic nerve, and I have been induced to lay the following case a second time before the profession, because Dr. Gairdner himself has stated that he was led to look for thoracic aneurism in a case presenting itself at the Royal Public Dispensary of Edinburgh, from the fact of noticing contraction of one of the pupils. It is well that practitioners be undeceived as to this being a pathognomonic sign of aneurism, and though it may add another difficulty to the correct diagnosis of thoracic tumours, yet it must be regarded as an addition to our stock of information on this point of pathology.

The case alluded to was detailed by Dr. Gairdner, at a meeting of the Edinburgh Medico-Chirurgical Society. "The patient, a middle-aged man, was shown to the Society. He had come under Dr. Gairdner's notice at the Royal Public Dispensary, and from one of the eyes presenting a well-marked diminution in the size of the pupil, Dr. G. was at once led to examine the chest, when evidence of the existence of an aneurism (probably of the arteria innominata) was obtained."—Edin. Monthly Journal for 1856-57. The patient died some months after, and an aneurism was found, though in an unexpected locality, viz., on the right lateral portion of the ascending arch of the aorta. The tumour tended towards the neck, *but did not seem to exert any pressure on the sympathetic nerve.* The effect on the pupil, however, proved that some of the filaments were involved. The case is said to have resembled one recorded by Dr. Williamson of Leith, in which the diagnosis would have been incomplete but for the contraction of the pupil.

"March 2d, 1850.—I was called to attend Miss———, aged 17. Two years before, she caught cold, having sat in damp clothes for a whole day; the catamenial discharge, which had been just established, was suddenly arrested, and did not appear for five months; she was attacked with pain in her left side, back, and top of the left shoulder. These

pains continued, and were followed by difficulty of breathing, and inability to lie upon the right side, but *without cough or expectoration.* After some months a small tumour appeared above the left clavicle, somewhat painful to the touch, to which, tincture of iodine was applied by her medical attendant. In the month of July she was sent to Upper Canada for change of air, but derived no benefit from it, and returned to Montreal in September, much worse. The tumour noticed in the neck had become enlarged, although not yet conspicuous; but it was painful, and this sensation extended up along the side of the neck. At this period *slight ptosis of the left eyelid, and contraction of the pupil of that eye,* were noticed, and the iris did not dilate and contract like the other, in the transition from light to shade. In the winter of 1848-49, she complained much of pains in her arm and shoulder, particularly at night; In the spring, the following year she writes her father, "I first observed the left arm to have shrunk or withered conspicuously, yet the tumour in the neck had not much increased in size." The following summer was spent in Upper Canada, during the most part of which she suffered greatly from pains in the left side of the chest, in the back and shoulder, and from debility and dyspnœa. She returned to Montreal last September so altered in appearance that her father hardly recognised her; she staggered into the hall, "a poor emaciated creature, with a ghastly countenance of a blueish green colour. *She had upon her a constant hacking cough,* great shortness of breath, had lost all appetite, was reduced to a skeleton, and so weak, that she sank upon the bed, whence she did not rise for three weeks."

*Present State.*—The attention is immediately attracted by a large tumour on the left side of the neck, which protrudes upwards from the thorax. This tumour is of an irregular shape, somewhat globular, uneven on its surface, everywhere resisting, with the integument tense, shining, and œdematous. It is quite dull on percussion, and no pulsation, bruit or thrill is perceptible. It is not painful to the touch, nor is it the seat of any *constant* pain, though *shooting* pains occasionally proceed from it downwards to the fingers. The surface of the tumour is traversed by large tortuous veins, which anastomose freely with similar veins on the left side of the thorax, the left arm, left side of the neck, cheek, and left side of the forehead. The tumour has by its pressure, produced paralysis of motion and sensation of the left arm, and the pulsation of the ulnar, radial and brachial arteries, is completely obliterated. The whole of this arm and corresponding part of the chest are extremely œdematous.

*Physical Signs.*—The anterior portion of the left side of the chest is

full and prominent, and is continuous with the tumour, there being no depression to mark the supra and infra-clavicular spaces: the clavicle is dislocated forwards, its sternal end projects nearly an inch in front of the sternum. The left side of the chest does not move in inspiration; its intercostal spaces are obliterated, and an extremely dull sound with resistance is elicited by percussion from the clavicle to its lowest part, and the same dulness extends all over the side behind and laterally. The respiration is *bronchial before and behind, and there is also bronchophony*, but not the least râle of any kind. The upper portion of the right lung in front is clear upon percussion, but from the mammary region downwards it is quite dull. Behind, the respiration is loud and puerile, and without râle. All over the right mammary region the impulse of the heart can be seen and felt; its impulse is extremely abrupt and violent, and both sounds are accompanied by a *loud sharp ringing soufflet* of a peculiarly musical and metallic character, quite unlike anything I have ever heard. The apex of the heart strikes towards the right axilla. The right hypochondrium yields the usual dulness. *There was no increase of hepatic dulness below the ribs.* The left side of the chest *appears* to be increased in size, but I have not yet had an opportunity of determining this point. The inspiration is accompanied by great action of the intercostals of the right side, the expiration is accompanied by a *short stridulous grunting noise.* During the performance of inspiration the larynx (which is pushed towards the right side) is drawn across the mesial line to the left side. The voice has never been affected, and except during the severe attacks of dyspnœa, there is no stridor. The voice is naturally œgophonic. *She has no cough, nor does she expectorate anything. She has never had hæmoptysis, nor has she at any time had red currant jelly-like expectoration; but she is subject to frequent attacks of epistaxis, which invariably proceed from the left nostril.* At times this is rather profuse; at other times it is only sufficient to cause a blocking up of the nostril. The beating of the heart is frequently very troublesome; the pulse is small, about 120, sometimes more frequent, and sometimes less so; it is not intermitting nor irregular. There is *partial ptosis* of the left eyelid, which sometimes proceeds so far as almost to conceal the eyeball, and there is also *contraction* of this pupil, though this eye is quite as sensible to light as the other, and she can read with it quite as well. No matter to what amount of light this eye be exposed, the pupil is never dilated to more than one half the extent of the other. She never suffers from headaches, flashes of light before her eyes, noise in the ears, or frightful dreams. Occasionally her symptoms assume an hysterical character. Her tongue is clean, appetite pretty good, no dysphagia, stomach seldom

sick, bowels regular, urine secreted in natural quantity, skin moist, body greatly emaciated. *No pains in the chest.* Catamenia absent. During the prevalence of easterly winds, and before a fall of snow, her friends remark, that her countenance brightens up, she appears quite healthy, and her spirits improve; these are but the precursors of an extremely severe attack of dyspnœa, which is sometimes, however, warded off by the administration of an anti-spasmodic.

April 24th. Since the last account, the tumour has been gradually extending across the neck; it has pushed the larynx, trachea, and thyroid gland completely over to the right side, and now occupies the median line, and extends beyond it. *The right arm is now partially paralyse, and the pulse at the wrist is perceptibly smaller than it used to be; œdema and varicose veins occupy the right side of the chest, and the right arm is also becoming œdematous.* Since the last report, several severe attacks of dyspnœa and palpitations have occurred. It is noticed, that these attacks are invariably preceded by a temporary amendment—her spirits become cheerful, her strength increases, and the countenance becomes animated: the colour of the face, which is usually sallow and livid, changes to a bright rosy hue; but at the same time it is quite apparent that the tumour undergoes marked augmentation, and that the tortuous and varicose veins become more enlarged and turgid. She slept well when free from spasm, and had latterly suffered but little from the pain in the chest and the shoulder. During the whole period of my attendance, I never heard her cough, nor had she ever any expectoration; she always lay upon her back. The degree of ptosis varied, but no change occurred in the state of the pupil. The bleeding from the nose occurred almost daily. Enlargement of the liver was noticed towards the close of the disease, and though the left side of the chest had become enlarged, and the intercostal spaces were raised even above the level of the ribs, yet her extreme debility and the increase of her sufferings induced by a change of position, prevented my measuring the chest accurately.

After a succession of severe attacks of dyspnœa, she expired.

The treatment consisted of generous, bland diet, a moderate quantity of wine, and the use of camphor, æther, opium, lobelia, &c., sometimes given conjointly, at other times separately, according to the judgment of her father, a gentleman of great sagacity, who from close and unremitting attention to all the phases and variations in her case, acquired a rare tact in the employment of these drugs. The neuralgic pains which attacked the chest, shoulder, and sometimes extended down the arm were always relieved by a warm lotion containing tincture o'

aconite, in the proportion of one ounce of the common tincture to seven of water. Folds of lint saturated with the above lotion were laid over the painful parts, and evaporation prevented by surrounding the lint by piece of oiled silk. This application used to give great relief.

*Post Mortem Examination.*—Before opening the body, a careful examination was made by inspection, percussion and measurement, when the following circumstances were noted. The whole of the front part of the chest was œdematous, and traversed by large tortuous veins which anostomosed freely with the superficial epigastric veins. The greater number of these vessels were noticed upon the left side. The left arm, from the shoulder down to the hand, was much swollen from œdema, and at its upper part were numerous veins inosculating with those of the neck, chest and axilla. The right infra-clavicular space was depressed, the left was full and prominent and constituted part of the tumour already spoken of. The right shoulder was elevated, and the clavicle was separated to about the distance of an inch at its attachment to the sternum. Percussion yielded the same results as were noticed during life, with this exception, that there was complete dulness extending from the normal hepatic region, downwards for the extent of two inches below the margin of the ribs. The circumference of the neck and tumour measured above the clavicle, was 16¼ inches; the distance from the nipple to the sternal end of the clavicle 6 inches on both sides. The circumference of the chest upon a line with the nipples was 27 inches; it being on the right side 12½, and upon the left 14½ inches; distance from the right nipple to umbilicus 9½ inches, from the left 10¼. Nothing remarkable was observed on any other part of the body, except extreme emaciation. On opening the thorax, the heart and pericardium were observed lying to the right of the sternum, and distant about three inches from the mesial line. The pericardium was quite healthy and contained no fluid, nor was it adherent in any situation. The heart was of natural size, and free from any disease whatever, either of its walls or valves. The left side of the chest was occupied by an enormous mass of encephaloid cancer, which adhered firmly to the ribs and was continuous with the tumour noticed in the neck. It was contained within well-marked cysts, which enveloped it in the same manner as the arachnoid surrounds the brain, and which when slit open, allowed the cerebriform masses to be seen, presenting well marked convolutions and sulci resembling those of the brain. In a few situations, hæmorrhagic clots intervened between the investing capsule and the surface of the mass. There was no adhesion to the front part of the ribs, sternum, diaphragm or pericardium. No trace of pulmonary structure could be seen, except at the diaphragmatic

portion of the tumour, where a thin layer of condensed lung was spread over it for a small space, and peeled off it, as if merely coherent from apposition—no bronchial tubes extended from this portion of lung to the cancerous mass, nor could any be traced in the latter—the left bronchus entered its upper part, but no traces of its ramifications could be discovered. Such were the characters of that portion of the mass within the chest, but as it was emerging from the latter situation, it had dislocated the clavide and was indented by the latter bone. At this point, the tumour pressed upon, and stretched out the left subclavian artery and vein; the left carotid, though not so much interfered with, was pushed a little towards the mesial line. This artery as well as the pneumogastic and sympathetic nerves were pushed backward by a process of the growth which proceeded towards the lateral processes of the cervical vertebræ, to which it took a strong attachment. On the anterior part of the tumour, the sterno-cleido-mastoid, and the sterno-hyoid muscles were spread out in riband shape, and their fibres were separated from one another. The brachial plexus passed through the middle of the growth, and could not be completely separated from it, even by the scalpel. The third stage of the subclavian artery was obliterated by a coagulum, and was not much larger than the radial. The phrenic nerve passed over the most prominent part of the tumour. The œsophagus was pushed towards the middle, and, as noticed during life, the larynx, trachea and thyroid gland were shoved over into close contact with the right brachial plexus. The mass adhered firmly to the clavicle near the shoulder joint, and also took an attachment to the acromion, and a portion of it passed under the trapezius muscle. When removed from the body, the mass was weighed, and found to amount *to six pounds and a half*. The right lung was quite sound, except at its inferior part, where we found three small encephaloid tumours, of the size of large currants, growing from the surface of the lung and covered by the pleura. The liver was much enlarged from congestion, and when cut into, blood escaped in large quantity.

The other abdominal organs were all healthy. The brain was carefully examined. Some slight vascularity was noticed upon the pia mater, but there was no effusion either beneath the arachnoid nor in the cavity of the ventricles. The origin and course of the third nerve were accurately examined, but nothing abnormal could be detected, and the same remark applies to all the cerebral nerves and to the structure of the brain itself."

I have omitted the remarks bearing on the auscultatory phenomena, and upon the differential diagnosis, published in connexion with the above

case, and reprint those only which have reference to the state of the pupil.

As might be expected, some cause for the *ptosis* and *contraction* of the pupil was carefully looked for in the brain and third nerve, but without success: no trace of disease could be discovered. How then, are we to account for these symptoms? We know that ptosis is usually accompanied by a *dilated* state of the pupil, and by paralysis of the superior internal, and inferior recti muscles, and also of the inferior oblique; but, as was stated before, there was no paralysis of any of these muscles, and the pupil, though constantly contracted, became smaller and larger, according as the intensity of the light was increased or diminished. Nor can we suppose that the superior branch of the nerve was alone affected, for we know that that portion sends no twigs to the lenticular ganglion. If we appeal to experimental physiology, we do not receive a more satisfactory solution of the *entire* question; but for *part* of it we can account. It was ascertained by Longet and Reid, that division of the pneumogastic and sympathetic nerves, in the neck of some animals, was followed by *contraction* of the pupil, whilst in others it was followed by *dilatation.** Now, if the same cause produce effects so opposite, on such a delicate organ as the iris, it merely proves that the division of these nerves acts, in disturbing the innervation of the organ, in one case producing a diminution of power of the circular, in the other, of the straight fibres of the iris; and if we admit this explanation to be correct, we can understand how, in an analogous experiment, the nervous power of the other branches of the third being diminished, (for it is evidently owing to the connection of this nerve, and of the fifth, with the sympathetic, that the phenomena are produced;) some of the muscles supplied by that nerve may be actually in a *slightly* paralytic condition, which may escape the observation of the patient, and of his physician, unless a strong antagonising muscle be in action, as in the case of the orbicularis palpebræ in the foregoing case, and then the diminished power of the levator palpabræ becomes at once apparent. I make use of the term *analogous experiment* advisedly; for it must be evident, that *pressure* on the pneumogastric and sympathetic nerves produced the same effect, for the time being, as division would have done: so that, in this instance, disease imitated the experiment of the physiologist, and went far to corroborate it. This view is borne out by what was frequently observed, that on those occasions when the tumour of the neck became enlarged and the venous system more congested, the ptosis was always more marked.

*Recently Dr. Harléy and Professor Sharpley have found that division of the sympathetic in the neck is followed by contraction of the pupil.

Should the foregoing explanation not prove satisfactory to any of my readers, they are at liberty to account for the phenomena of *contracted pupil with ptosis, and without paralysis of the muscles of the eye*, the brain being healthy, upon any other hypothesis they may consider more convincing: I have offered the best that has suggested itself to me.*

The above remarks were published eight years ago, and though much discussion has recently been carried on by Budge, Bell, Harley and others, upon the physiology of the Iris, I have refrained from alluding to them, as the clinical fact is not thereby affected.

From the recent experiments of Virchow, it would appear that the condition of the pupil may not be dependant so much upon irritation of the sympathetic nerve as upon the condition of the circulation. He has shown that "the blood current exercises considerable influence over these parts, and that this influence is governed by certain fixed laws." The retardation of the arterial blood occasions first contraction and thereafter dilatation of the pupil." "The retardation of the venous blood from the head occasions contraction, and its restoration dilatation of the pupil."—*Edin. Monthly Journal*, 1856-57.

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## REVIEWS.

ART. IV.—*Rapport du Surintendant de l'Education dans le Bas-Canada, pour l'année*, 1856.

In looking over this elaborate Report we have been highly pleased in noticing the evidence it contains of the great progress which has been made during the last few years towards affording facilities for the education of every child in this section of the Province, and the perfecting of the system of public instruction amongst us. Much praise is certainly due to the Hon. P. J. O. Chauveau, the indefatigable Superintendent for Canada East, and his earnest *collaborateurs*, for the present satisfactory condition of public education. In the chapter on the statistics for the year 1856, he remarks:—

"Les tableaux statistiques qui forment l'appendice A de ce rapport méritent toute l'attention des hommes instruits et qui désirent se former une idée correcte du mouvement intellectuel de ce pays.

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* The iris receives a branch from the sixth nerve in several animals, and it has been supposed that it sometimes does so in man, which would account for the fact that the pupil has *not* been affected in some cases where *all* the other muscles of the eye were paralysed from disease of the third nerve: in the above case, the singularity consists in our having only one muscle supplied by the third nerve, and only one set of fibres of the iris in a state of semi-paralysis.

"Le département de l'instruction publique n'avait pas eu jusqu'ici d'officier spécialement préposé à la tâche importante de réunir et de compiler les renseignements qui parviennent à ce bureau de diverses sources. Il n'y aura donc rien de surprenant à ce que cette branche ait prise cette année une importance qu'elle n'avait pas eue et qui ne pourra qu'augmenter avec l'expérience que doit acquérir le clerc des comptes et des statistiques, M. de Lusignan dont le travail persévérant et habile m'a été de la plus grande utilité.

"En vérifiant de nouveau les calculs de l'année précédente on y a découvert quelques erreurs résultant d'un double emploi fait dans l'addition des tables de certains inspecteurs. Le sommaire révisé de toutes les institutions d'éducation, de leurs élèves et de toutes les contributions et cotisations se trouve être comme suit et montre encore cette année un progrès considérable.

| | 1853. | 1854. | 1855. | 1856. | Aug. sur 1855. | Aug. sur 1854. | Aug. sur 1853. |
|---|---|---|---|---|---|---|---|
| Institutions.. | 2352 | 2795 | 2869 | 2919 | 50 | 124 | 567 |
| Elèves..... | 108284 | 119733 | 127058 | 142141 | 15133 | 22408 | 33857 |
| Contributions | £41462 | £59508 | £62284 | £101691 | £39407 | £42183 | £60229 |

"Le progrès réel comme je l'ai déjà remarqué doit être jugé beaucoup plus d'après le nombre d'enfans qui profitent de ce qu'on leur enseigne que d'après le nombre de ceux qui fréquentent les écoles. Le tableaux suivant prouve cependant que, bien qu'on puisse désirer mieux, nous ne sommes pas non plus tout à fait stationnaires sous ce point de vue."

| | 1853. | 1854. | 1855. | 1856. | Aug. sur 1855. | Aug. sur 1854. | Aug sur 1853. |
|---|---|---|---|---|---|---|---|
| Elèves lisant bien.... | 27367 | 32861 | 43407 | 46940 | 3533 | 14079 | 18573 |
| Elèves écrivant..... | 50072 | 47014 | 58033 | 60086 | 2053 | 13072 | 10014 |
| Appr. l'Arit. simple... | 18281 | 22897 | 30631 | 48359 | 17728 | 25462 | 30078 |
| " " composée | 12448 | 18073 | 22586 | 23431 | 845 | 5358 | 10983 |
| Tenue des livres..... | ..... | 799 | 1976 | 5012 | 3036 | 4213 | 5012 |
| Géographie ..... | 12185 | 13826 | 17700 | 30134 | 12434 | 16308 | 17949 |
| Histoire..... | 6738 | 11486 | 15520 | 17580 | 2060 | 6094 | 10842 |
| Grammaire Française. | 15353 | 17852 | 23260 | 39328 | 16068 | 21476 | 23975 |
| " Anglaise.. | 7066 | 7097 | 9004 | 11824 | 2820 | 4727 | 4758 |
| Analyse Grammat.... | 4412 | 9283 | 16439 | 26310 | 9871 | 17027 | 21898 |

The Superintendent has had prepared, blanks of reports which have been distributed to the principal educational institutions, to be filled by the authorities of such institutions for the purpose of obtaining information regarding subjects having an interesting bearing on public education.

"Les formules contiennent sept divisions principales: dans la première se trouve une description générale de l'institution, la seconde a rapport aux finances la troisième au cours d'études, la quatrième à l'état sanitaire de l'institution, la cinquième indique la carrière suivie par les élèves sortis depuis deux ans, la sixième et la septième le nombre des professeurs et des élèves rangés sons diverses catégories. Presque tous les renseignemens contenus dans les première et seconde divisions sont exigés par la loi Ceux de la troisième servent à remplir beaucoup plus avantageusement l'intention qu'avait la législature en exigeant une description du cours d'étude suivi. La quatrième division est de la plus haute importance en ce qu'elle est propre à attirer l'attention des institutions sur les réformes hygiéniques ou sanitaires nécessaires et à faire connaître aux hommes de la science la statistique des maladies auxquelles est sujette la jeunesse studieuse. J'ai compris toutefois que ces renseignemens me seraient fournis bien plus librement et aussi avec plus d'exactitude si je me contentais d'indiquer les résultats généraux pour chaque espèce d'institutions. Le tableau suivant fait voir que l'état sanitaire de nos maisons d'éducations est en général des plus satisfaisans. Environ le quart des institutions n'ont pas jugé à propos de donner ces renseignemens et l'on doit tenir compte de ce fait dans l'appréciation que l'on fera de cette statistique."

| Classe d'institution. | NOMBRE D'ELEVES ATTEINTS DE MALADIES GRAVES DANS L'ANNEE. | | | | | | | | NOMBRE D'ELEVES DECEDES DURANT L'ANNEE. | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Inflammation et autres maladies du cerveau. | Consomption, bronchites et autres maladies des organes de la respiration. | Pleurésie. | Maladies graves des organes digestifs. | Névralgie et autres maladies du système nerveux. | Fièvres et maladies épidémiques. | Luxations, fractures et autres accidents. | Nombre total d'élèves malades durant l'année. | Inflammation et autres maladies du cerveau. | Consomption, bronchites et autres maladies des organes de la respiration. | Pleurésie. | Maladies des organes digestifs. | Névralgie et autres maladies du système nerveux. | Fièvres et maladies épidémiques. | Tués accidentellement. | Noyés accidentellement. | Morts par suite d'autres maladies. | Nombre total d'élèves décédés durant l'année. |
| Collléges classiques..... | 7 | 6 | 4 | 17 | 4 | 1 | 8 | 47 | 1 | ..... | ..... | ..... | ..... | ... | .. | .. | ... | 1 |
| Colléges industriels ..... | 6 | 6 | 5 | 14 | 1 | 9 | 7 | 48 | ..... | 2 | ..... | ..... | ..... | 9 | ... | 2 | ... | 13 |
| Académies de garçons ou mixtes..... | ..... | 9 | 4 | ... | 2 | 29 | 4 | 48 | 2 | 1 | ..... | ..... | ..... | 4 | 2 | 12 | 17 | 38 |
| Académies de filles..... | 2 | 8 | 3 | 2 | 10 | 72 | 1 | 98 | 1 | 4 | ..... | 1 | ..... | 6 | .. | ... | 2 | 14 |
| Total..... | 15 | 29 | 16 | 33 | 17 | 111 | 20 | 241 | 4 | 7 | ..... | 1 | ..... | 19 | 2 | 14 | 19 | 66 |

"Cet ètat prouve la vigilance des directeurs des institutions. Les maladies graves des organes de la respiration n'ont pas été nombreuses si l'on a égard au climat; mais la proportion assez considérable de ces maladies, qui se sont terminées fatalement doit engager les directeurs des institutions à veiller sur la ventilation et le chauffage avec une sollicitude toute particulière. Les appartements ne sont pas toujours tenus à une température égale, il fait quelquefois beaucoup trop chaud dans les classes tandis que les corridors ne sont point chauffés. Le dèfaut de ventilation conduit aussi à ouvrir les fenêtres pendant les classes: toute imprudence de ce genre, dont les enfans robustes peuvent bien ne pas se sentir, ne manque jamais d'être fatale aux élèves faibles et mal disposés. Le nombre de quatorze élèves noyés accidentellement dans le cours de l'année doit aussi engager les maîtres à la plus grande vigilance dans les parties de plaisir, les promenades sur l'eau, etc."

We cordially approve of this effort to obtain information concerning the kind of diseases prevailing in our larger institutions of education, with the mortality that obtains. And we hope the "fourth" who did not judge it *apropos* to comply with Mr. Chauveau's request will on further reflection fill the blanks in our possession and send them in time for the next report. For medical purposes the classification is much too general, and we would respectfully suggest a more particular arrangement for future reports. The mortality is something fearful, the proportion of deaths to the number of those attacked by serious disease being as 1 to 3.65. From the returns, it is impossible to say what disease has been most fatal.

The Classical Colleges it will be observed, exhibit the fewest deaths, 1 only out of 47 cases of sickness. Next in order comes the Girls' Academies, shewing as they do 14 deaths to 98 cases, or 1 to 7. In the Industrial Colleges there occurred 48 cases of sickness and 13 deaths, a proportion of 1 to 3.7: while in the Boys and Mixed Academies 38 died out of 48 seized by diseases, or 1 to 1.26. This latter proportion is frightful, and should be strictly enquired into.

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## CLINICAL LECTURE.

*On Conical Cornea and its Treatment, and on Gonorrhœal Iritis.* By W. Lawrence, F.R.S.,F.R.C.S., &c., Senior Surgeon to St. Bartholomew's Hospital.

(*Medical Circular.*)

Gentlemen,—We have had, since *Summer Session*, commenced

various instructive "eye" cases in the hospital, to which I wish to direct your attention to-day. Several severe cases of syphilitic iritis, with, and, I may say, without complications, as also a most unique case of that very singular disease "conical cornea." Iritis is a very ordinary disease in practice, so that your attention cannot be drawn to it too early in the session; it is also one seen under unexpected circumstances. The first case of which I may speak is that patient suffering under

INFLAMMATION OF THE EYE WITH GONORRHŒA.

You will remark, I say, inflammation of the eye attended with gonorhœa—not gonorrhœal ophthalmia; the diseases, in fact, are quite different, as well in their pathological seat and import asin their mode of treatment constitutional or otherwise.

In cases of gonorrhœal ophthalmia, of which I speak hereafter, it seems as if a patient labouring under gonorrhœa conveyed much of the puriform discharge immediately to the conjunctivitis, of which, no doubt, you have all read in your books; but in this patient now under our notice, with a gonorrhœal history of a somewhat like kind, the infection from some constitutional cause or peculiarity, probably of a rheumatic character, extended from the conjunctiva to the sclerotic coats of the eye: from thence even to the iris, causing great intolerance of light, with remarkable dulness of colour in the iris itself. To these signs of this affection were added profuse lachrymation, and, what I consider almost as pathognomonic of this class of cases, *most severe supra-orbital pain*—pain of a most remarkable kind, extending round the orbit, and, no doubt, in some measure engaging all the fibrous tissues of that part. Now, I wish you to remark that both these diseases arise under similar circumstances; yet this is, you see, quite a different thing from gonorhœal conjunctivitis, or a conjunctivitis of any kind, properly so called.

The supra-orbital pain of selerotitis is absent in the disease of the conjunctiva. The appearance of the patient himself is also peculiar; you can, in fact, scarcely mistake these cases when once you have studied them. Fortunately, this serious thing—gonorrhœal ophthalmia—is not very often seen in this hospital; but if any cases do offer themselves I shall take the opportunity of showing them to you*

The treatment of these cases differs, also, so that a proper diagnosis is not a matter of idle curiosity or ingenuity, but of necessity. In this patient we had to combat the inflammatory symptoms in the sclerotic

* Mr. Wilde, of Dublin, as previously stated in the CIRCULAR, has recently discovered that simple leucorrhœa in a married female produced as marked infection in the conjunctiva as gonorrhœa.

coat with much vigour. Depletion and cupping on the temple were ordered and mercury used night and morning: calomel and opium, not for any specific action, so much as to stop inflammation. To these remedies we added a blister on the nape of the neck; yet all did not answer, and we were obliged to have recourse to the wine of colchicum —(3 ss., sex tis horis). This affected his stomach a little, as colchicum very often does, so that it is a drug requiring much caution in its administration. In my experience, however, I find that where the pain and sickness are induced, the action of the medicine is more certain and specific; still, great caution is also necessary, for very serious results have followed overdoses of this powerful agent.

If the colchicum* be used without due caution, even fatal results might arise, so that it will be necessary to watch its action with great care. I am not going now to enter into the minute diagnosis of sclerotitis, we shall see it as we go through the wards during the summer, and it will be better to point it out to you in the wards.

The next case I wish to speak more in detail about, is a patient suffering under what is termed.

CONICAL CORNEA.

The patient is E. W.———, a poor woman, it seems, who has been led about the streets quite blind. She is a comparatively young woman, only aged thirty six years; she has occasional flashes of light, she says, but with that sole exception she has been now thirteen years totally without vision of any kind.

This is a most singular disease, one of the pathology or nature of which we know absolutely nothing. As far as I have seen it during fifty years' experience (if possible to add to its anomalous character) it usually takes place in young and healthy subjects who have not suffered in any manner from excessive use of the eye, like watchmakers, needlewomen, printers, &c. This young woman, our present patient, you see, is perfectly healthy; she tells us nothing of any previous disease of her eyes; in fact, it is a gradual change occurring over a long space of time in a cornea otherwise healthy. I have seen the cornea in this state become in shape quite like a cone; the rays of light, too, present a most unusual appearance in conical cornea; the patient does not present the vacant, dull eye of the amaurotic patient, who holds his head

* It may be prudent to observe that very few surgeons share Mr. Lawrence's dread of the use of colchicum, at least in Hospitals. Mr. Hancock, uses tinct. of aconite in such cases, which is nearly the same medicine, and probably aconite and atropine will, ere long, supercede all the routine plans of calomel and opium, belladonna, &c. &c.

towards the sky whene'er he may chance to catch a glimmer—everything dark, dark,

> "Amid the blaze of noon
> Irrecoverably dark, total eclipse."

There is nothing of this dulness or opacity of the eye in conical cornea, but no doubt you have observed it in this woman; the eyes here have an unusually bright appearance, sparkling like diamonds or those bits of cut-glass that sometimes represent diamonds! The rays of light passing into the eye in conical cornea are, I think, reflected (not refracted, mind you) before they fall on the retina, and are thus thrown into those singular glittering or diamond-like reflections in the vitreous humour and lens of the eye. I think that even on physical principles the blindness of the eye in conical cornea is to be explained; her eyes are like a telescope that has been pulled out in a wrong manner, or fixed at half cock. But neither a gun or a telescope will answer if fixed firmly at half the measure of its capacity. In the eye it must also very seriously impair the focus of vision, as you see it does in this poor woman. She says, over and over again, that for years she has been totally blind, led about like a child!

Well, on examining the eye with some care, I found that, though the cornea in each eye is in a very marked manner, bulged into a cone—from what cause I never could meet any surgeon who could exactly say—yet that the immediate circumference of the cornea, situated next the sclerotic, remained unchanged; indeed, few persons not familiar with the different varieties of blindness would detect that this healthy young woman, with what the story-books would call "brilliant eyes," was a poor creature almost totally blind. Any one accustomed to eye cases will at once distinguish these cases, however, from cases of photophobia, amaurosis, &c.†

† In these times, when sanitary science shows the value of light, it is very interesting, with the additional knowledge imparted by modern science, to study the early observations of Milton, who, "in the latter years of his life suffered severely from rheumatic gout, which, attacking his eyes, left him totally blind"—so severe this "dim suffusion" which veiled his sight! Speaking of light he exclaims—

> "Thee I revisit safe,
> And feel thy sovereign vital lamp: but thou
> Revisit'st not these eyes that roll in vain
> To find thy piercing ray."

And again, he makes the blind Sampson say—

> "Since light so necessary is to life
> And almost life itself—
> Why was the sight
> To such a tender ball as the eye confined."

Now, on the admission of this woman with conical cornea to hospital, having seen some similar cases benefitted by the only remedy I know of in these patients, I was anxious to give that remedy, which is belladonna, a full trial. I will now read some of the notes of the case:

May 5.—"The patient has had the belladonna applied" (I read in the notes furnished by the House-Surgeon) "since when, greatly to our astonishment, she begins to see objects all round her, and on bringing a book close to her face she sees the type and recognises the larger letters." Exactly so. Now, the reason of that is at once obvious: I have already remarked that the immediate circumference of the cornea, next to the sclerotic, remained unchanged; very well, now comes the belladonna or atropine, and dilates the pupil; more light is thus permitted to pass, and through a healthy portion of cornea a mere line or so of pupil is left, and on bringing a book up to the face she can read very respectably indeed. It is remarkable and curious that the retina retains its sensibility for a very long period. Now, the conical cornea in these cases is subject to friction, and becomes roughened; you must be prepared also for that, but I am of opinion that in young and healthy subjects it will not give much trouble.

An elderly gentleman, a clergyman, quite blind, consulted me some time ago; he was perfectly well in all other respects, but he was totally blind, and had this singular disease of the cornea. A change had occurred, unfortunately, in this case, in the apex of the cone due to friction, it appeared quite opaque. The old gentleman was very far advanced in life, perhaps about eighty—an age, of which one is not fond of new experiments or new theories. It has been suggested now—by the new Ophthalmological School, if I mistake not—to make an artificial pupil in such cases. I simply ordered the atropine drops, from which he obtained a very fair amount of comfort; indeed, he went to church, he rode about in his carriage, took exercise, and, much to his delight, renewed his acquaintanceship with an old friend, the 'Times' newspaper! which he read, holding it up close to his nose and forehead. I cannot say that I am favourable to cutting operations in these cases; the palliative plan of atropine answers every purpose.

We next pass on to a different order of cases, but one which must attract, as it deserves your serious attention. The next is a case of

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"Almost life itself" is a very beautiful idea! Marshall Hall has shown that perhaps the first link in the long chain of actions ending in assimilation, digestion, &c., is a reflex action in the lenticular ganglion, and eighth pair from light exciting the retina.

SYPHILITIC IRITIS.

I may say, in the beginning, this has been a patient a little out of the ordinary hospital routine of such cases—a respectable young person coming to us in perfect health, but attacked with irritis! If we put the question of syphilitic or non-syphilitic to herself out of book, I should be disappointed if she answered it exactly as it might be wished. She comes to us from the country; she looks something like a quiet governess in a private family. Now, governesses may go wrong, I dare say, for all that you know, as well as those over whom they may be said to govern. It is very probable that we are favoured with this lady's society because she has kept the thing a profound secret up to the present. All this has a bearing on the case, however, and if we make any hand of it, it will be by going slowly, as there is such a thing as idiopathic iritis, rheumatic iritis, &c. She admitted that she had taken some medicine, but it was all Epsom salts, certainly nothing else. Well, not knowing much of what are now termed, in the phraseology of the day, this lady's "antecedents," or the amount of moral control she may or may not have practised as a governess on herself by way of example to her pupils, Mr. ——my House Surgeon, commenced what the newspapers call a "delicate investigation." She, of course, denied point blank all syphilitic taint, but on untying the strings of her bonnet—which she was requested to do, as you saw on the day of her admission—there were some copper-coloured spots under the ribbons, not as inviting as one would like; yet this was not sufficient for our purposes of a diagnosis, though it left no doubt on my own mind of the true nature of the disease; but we further made out: this is the month of May, but about last Christmas she had a discharge, attended by swellings in each groin, but she merely took small doses of Epsom salts, and did nothing else. She would not for the world have told the family surgeon. You will see the bearing of this 'delicate investigation' presently: she took her salts, and rested contented that it would all blow over. Now, let us retrace our steps with this new light. About five months ago, you preceive, she had primary syphilis: it may have been very slight; she had a discharge probably from an abrasion in the passage. Two months after she noticed the marks under the ribbons of her bonnet—viz., a scaly eruption, and now more of a copper colour, yet she very probably knew of no bearing of one of these things on the other.

May 4.—Together with the previous history, we find the left eye of this governess has been bad for ten days. She was ordered strong poppy fomentation and gray powder, ter in die—eight leeches to the temple,

When I first saw the muddy colour of the iris, and perceived that she complained of dimness of vision, that the pupil was contracted, and did not seem to answer to the stimulus of light, I had no doubt in my own mind of its being syphilitic iritis.

13th.—I need not go over the notes of treatment; they do not present anything worthy of stopping to remark on, as you have seen the case to-day; but here, on the 13th, she is reported as "nearly well!" the leeches and gray powder have answered their purpose; the iris is again safe; and she will probably leave the hospital, thus rescued from further temporising mischief.

Now, gentlemen, this history interests us all as surgeons. You see it is made up of quiet, confidential demeanour towards even the poorest patient; and when this is adopted you seldom fail to come down on the truth; the educated surgeon will not go astray, and then, also, it teaches you a great fact, as I take it to be, in the natural history of syphilis, to be arrived at in the same manner, that you may most undoubtedly have all the phenomena of syphilis, even in syphilitic iritis, without one grain of mercury having been previously administered. Iritis is said especially to be a "mercurial symptom." Some of my colleagues and many other surgeons express themselves strongly on this point of doctrine—a doctrine I do not hold at all. This young woman, as Horace says, was striving to drive out Nature, but still it would ever keep returning—

"Naturam expellas furcâ," &c.

She took no mercury; she dosed herself soberly with salts; but still we have the usual course of natural symptoms—an abrasion or an ulcer, probably getting well by cleanliness, and not using any irritating washes; then muco-purulent discharge, next buboes, all cured for the time by salts; then the inexorable spots under her ribbons, as completely copper coloured as ever I saw, and now iritis; but all, I am firmly satisfied, generated without mercury!

You probably know that the surgical world is divided into two opposing, if not hostile, camps: the mercurial and non-mercurial plan of treatment having each its ensign flying, and some battle—some Knights arrayed with their hosts on one side or the other; but of the natural progression of syphilitic symptoms, even as far as iritis, without the agency of mercury, I have had no doubt whatever; indeed, this single case—every bit of which is now coherent and simple—proves it. Do not be misled, then, by the supposition that diseases of the iris or periosteum are due to mercury more than to syphilis, for disease of the iris brook no delay if you wish to preserve the integrity of vision in the organ.

## THERAPEUTICAL RECORD.

(*American Druggists' Circular.*)

*Painless Caustic.*—M. Piedagnel, after various trials, has succeeded in producing a caustic that may be employed, causing little or no pain. It is formed of three parts of the Vienna caustic in powder and one part of hydrochlorate of morphia, intimately mixed together, and then made into a thick paste by means of chloroform, alcohol, or water. It is applied to the skin on diachylon. A black eschar is produced in fifteen minutes, increasing in thickness with the duration of the application. The morphia mixed in the same proportions with powdered cantharides, prevents pain during the rising of a blister. M. Piedagnel, who at present has only used this means for the production of issues and blisters, states that the action of the morphia is merely local.

*Hydrocele treated by Electricity.*—Dr. Rodolfi of Milan, has applied electricity for the cure of hydrocele in four cases, and reports very favorably concerning its effects, not only the fluid disappearing in all, but its reproduction being prevented in three of the cases. Bunsen's, or better still, Daniel's pile should be employed.

*New local application in Erysipelas.*—M. Anciaux speaks in high terms of the following application for erysipelas and some other cutaneous affections. Alum reduced to impalpable powder, 30 parts; white precipitate, 1 part. Rub up well together, and place the powder in a bottle, and then add from 90 to 100 parts of glycerine. Shake the bottle until the mixture assumes a creamy consistence, and repeat the shaking whenever the application is about to be employed.

*Sulphur and Nux Vomica in Hæmorrhoids.*—M. Van Holsbeek recommends the following formula as being rapidly beneficial :— ℞. Sulphur loti. sacchar. alb. āā, ʒ j.; extr. strych. nuc. vomic. gr. vj.; mucil. gum. tragacanth. sufficient to form twenty-four lozenges. The patient is to take two the first day, increasing the dose by one daily until six a-day are taken. He now rests a few days, and then diminishes the dose in the same proportion, until he gets to the two again. If the cure is not complete, he must begin again; but it is rare to find the treatment required for more than a week. During its continuance alcoholic drinks and a too stimulating diet are interdicted. The treatment is applicable to all stages of uncomplicated hæmorrhoids.

*A Specific for Scabies.*—At the last meeting of the Academy of Sciences, Paris, M. Bonnet of Epinal, sent in a paper, announcing that benzine is a specific for the itch. The author of the paper states that if benzine be rubbed on the parts affected, and also very slightly on the other parts of the body, a cure will be effected in the course of five minutes, after which time the patient may take a warm bath for half an hour. Nevertheless, in cases where the itch is accompanied with a secondary eruption, the latter will require a separate treatment.

*A Cheap Collodion.*—Steep white printing or machine paper in concentrated sulphuric acid from five to eight minutes, and then wash and dry it. It becomes now as stiff as parchment; and if we cut it up small and digest it to ether, we obtain a substance not very different from common collodion, at a much cheaper price.

*Valerianate of Ammonia for Epilepsy.*—In Salpetriere and the Bicetre at Paris, the following formula has been much used in epilepsy for years :

℞. Aqua distil., .. .. .. pts. 95
Acid valerian, .. .. .. " 3
Sub-carb. ammon., q. s., ad neutral acid. adde
Ext. alcoholic valerian, .. pts. 2
Mix. Dose, teaspoonful three times a-day.

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## PERISCOPE.

*Treatment of Chronic Rheumatism with Arsenic.* By Jas. Begbie, M. D. &c. &c. of Edinburgh.

It was at the close of the last century that cod-liver oil was accidentally introduced into practice, in the wards of the Manchester infirmary, as a remedy in chronic rheumatism. It was in the same place, and in a similar manner, some years subsequently, that arsenic was first administered for the cure of that disease. In the writings of Haygarth and the elder Bardsley will be found many cases illustrating its efficacy. In more recent times it has not disappointed expectation. Speaking of the use of arsenic in chronic rheumatism, Dr. Christison says, "I have known several cases of this nodosity of the joints, as some authors term it, get well under the continuous administration of arsenic for some weeks : and it appeared to me that the commencement of the cure concurred with the first development of the physiological effects." "Arsenic (says Dr. Fuller, one of the latest writers on rheumatism), judiciously administered, and carefully watched in its effects is one of the most valuable remedies in the chronic forms of rheumatism."

Many years ago, an industrious workman, approaching the decline of life, applied to me for the relief or cure of the crippling and painful swellings of the small joints of his hands, and particularly of his feet under which he had long labored, and by which he had been rendered utterly unfit to pursue his usual avocations. The pains became aggravated at night, and under vicissitudes of temperature, and the patient was sensitively alive to changes of weather. It was with great difficulty and considerable suffering that he had been able to hobble to my door. When I speak of his case as one of chronic rheumatism, I sufficiently describe it. Under remedies external and internal, orthodox and empirical, he had derived no benefit ; and seemed almost hopeless of relief. He was ordered to take five drops of the liquor arsenicalis after each meal, and to add one drop every third day till the eyelids became affected. He faithfully followed the prescription for many weeks, and

underwent the trifling disorder which characterizes the operation of the drug. He continued his attendance for several months. The knobbiness, and stiffness, and pain of his joints gradually subsided and disappeared; he walked repeatedly to my house, a distance of a mile and a half, with ease and comfort; he improved in general health; at last he ceased his attendance, he returned to his workshop, and I saw no more of him.

A married lady, in the prime of life, the mother of several children, the descendant of gouty ancestors, and a sufferer in earlier years from painful and disordered menstruation, consulted me last autumn, for symptoms corresponding in some measure with those exhibited by this workman. She was very lame from the stiffness, swelling and deformities of her toes and ankle joints, and quite incapable of holding a needle, or directing a pen, from the painful nodosities of her fingers and hands, the distorted appearance of which presented a remarkable uniformity on both sides of the body—symmetrical, in obedience to the law of blood diseases, as noticed by Dr. Budd. She had feverish, restless nights; a worn-out, emaciated look; a tendency to hectic paroxysms; a depraved appetite; a loaded tongue; along with copious lithates in the urine and considerable derangement of the biliary secretions. These symptoms had supervened on a miscarriage she had suffered in the spring, followed by a protracted and anxious attendance on a near relative during a dangerous illness. The severity of the attack had, in a great measure, subsided before she came under my care. She had been judiciously treated in the north of England, where she usually resided: colchicum, iodine, and various other remedies had been employed; but her disorder went on. After it had been corrected to some extent by depurants and laxatives, without any relief to the local disease, she was ordered to take the liquor arsenicalis in the usual dose, and with the usual instructions. She continued two months under my care; the medicine was taken regularly during that time; no well marked physiological effects ensued; but a gradual improvement in the condition of the feet and hands took place; she was able to walk with comparative comfort, and to handle her knife and fork, with ease. Her general health had improved, the secretions of the kidney and liver had assumed a normal character; she added to her usual remedy the free use of lemon juice, and an occasional warm bath. She left Edinburgh, with instructions to continue the arsenic, and begin the use of cod liver oil. I learned, in the course of a month, that she had made progress towards ultimate cure; that the pains, and swellings, and stiffness were gradually subsiding; that a fullness of the eyelids had been observed, along with a dryness of the mouth and tongue; that she had intermitted the use of the arsenic for ten days, in consequence of

these symptoms concurring with uneasiness and slight pain in the stomach; but that she had failed to witness any of the other phenomena for which she had been directed to watch. I subsequently learned, that with the exception of the short interval referred to, she had persistently taken the arsenic for three months, without any other unpleasant consequences than those alluded to; and had, on the contrary, during the time it was suspended, experienced some increase of the pain, and stiffness of the small joints, which had, however, given way on her resuming the medicine. She was directed to continue the use of the mineral in diminished doses, and to adhere to that of the cod liver oil. The last accounts state that she is greatly improved in health, and able to walk with ease to a considerable distance.

The case of the lady differs in some respects from that of the workman. His presented the true characters of chronic rheumatism; her's manifested those of rheumatic gout, as it is called, a painful and obstinate affection to which females suffering from disorder are peculiarly liable. It will be remarked, that in the former case the mineral acted quickly and successfully; in the latter its effects, both physiological and curative were slowly and imperfectly developed. The cases together, bear witness to the correct observations of Dr. Bardsley, and the earlier exhibitors of arsenic in chronic rheumatism— that while in the one form of disease the medecine will be found to cure without assistance, in the other form it will be necessary to call in the aid of other remedies. Still, in the language of Dr. Fuller, it will be found "a faithful ally."—*Edinburgh Med. Jour.*

# The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS, DIGNITATEM ARTIS MEDICÆ TUERI.

## McGILL UNIVERSITY.

We transfer the following information regarding McGill College and its medical faculty, from the pages of the "Journal of Education." It appears in one of a series of articles on "the Colleges of Canada," from the pen of the Hon. P. J. O. Chauveau, the talented Superintendent of Education, C.E., and now in course of publication in the columns of that useful Journal. By the author's kindness we are enabled to present our readers with the wood-cuts which accompany his remarks.

Speaking of the founder of McGill University, he remarks:

Mr. McGill was a native of Glasgow, (Scotland) having been born in that city on the 6th of October, 1744. He came to this country at an early age, and engaged immediately in mercantile pursuits. On the 2d of December, 1776, he married Charlotte Guillemin, daughter of the late Guillaume Guillemin, in his life-time councillor of the King of France in Canada, *lieutenant-général* of the admiralty of Quebec, and judge of prerogatives, widow of the late François Amable Trottier DesRivières.

He was successively member of Parliament for the city of Montreal, and Member of the Legislative and Executive councils, colonel of militia and brigadier-general of the same during the war of 1812. During a great part of his life he lived in the house at the corner of the "Place Jacques-Cartier," on Notre-Dame Street, which is now occupied by public offices. It was then one of the finest residences in Montreal.

Mr. McGill was distinguished for his charity, his sound practical judgment and his kindness of heart, and he mixed much in society both with the English and French, being connected with the latter by his marriage. He died on the 19th of December, 1813, being 69 years of age, in the city of Montreal, where he had resided ever since he came to Canada.

By his last will, Mr. McGill "gave to the Honorable John Richardson and other trustees, his farm and land called Burnside, situated near the city of Montreal, containing about forty-six acres, together with the dwelling-house and other buildings thereon erected, upon the condition of their conveying the said property to the Royal Institution for the advancement of learning, established by an Act of the Parliament of the Province of Lower Canada, entitled "An Act for the establishment of free schools and the advancement of learning in this Province." But in case the said institution should not, within the space of ten years from the time of his decease, erect and establish on the said tract of land, an University or College for the purposes of education and the advancement of learning in this Province, with a competent number of professors and teachers to render such establishment effectual and beneficial for the purposes intended, it was provided that the trustees should convey the said property to Mr. François DesRivières, the son of Mrs. McGill by her first marriage. It was also provided that the college or one of the colleges of the University to be so erected should bear the name of the donor. Moreover, he gave under the same conditions to the Royal Institution a sum of ten thousand pounds, for the maintenance and support of the said college or university, which sum was also to revert to Mr. DesRivières in case of non-compliance with the intentions of the donor. This sum, if not paid immediately, was to bear interest after three years.

The estate of Burnside is situated near the mountain of Montreal, on the road that leads to the Priests' Farm, in a commanding position, and its value, like that of all properties lying in the same direction, has been daily increasing since the bequest was made of it by Mr. McGill.

As to the other part of the bequest, when paid over to the college authorities, after a long protracted suit with the heirs, who had been advised by eminent counsel that the legacy was null, it amounted to £22,000.

The intentions of Mr. McGill did not meet that prompt execution which they merited. Great delay occurred before any movement whatever was made for securing the bequest and giving effect to his wishes. At last, a Royal Charter was obtained in 1821. In 1829 the estate o Burnside was surrendered by the residuary legatees, and in 1835 judgment was rendered against them for the legacy of £10,000 with interest.

The first step towards giving to the University a practical operation, was the establishment of the Medical Faculty, which, with the exception of two years, has always since been kept in activity. It has always been the most flourishing department of the institution, and has been for many years the only one in active operation. It was created by the merging into the University of a pre-existing institution, "The Montreal Medical Institute."

The buildings which had been commenced in 1839, were completed in 1843, and although parts of them are still in an unfinished state, they were ready for the reception of students on the 7th of September.

The original plan of these buildings embraced a centre building and two wings connected with corridors. Only the centre building and one wing on the left side have as yet been erected. Since the erection of Burnside Hall, they have been occupied as residences by several of the officers of the college, and Mr. Fronteau, the professor of French, receives in one of them a certain number of pupils as boarders. Young men from the country or from Upper Canada have the advantage under that arrangement of a very comfortable boarding house, together with that of learning the French language from one who is highly conversant with all its niceties and difficulties.

As may be seen by the accompanying engraving the College buildings are placed in a commanding position and are surrounded by a large space of ground, containing some fine trees and which has been improved recently by planting and the formation of a central avenue. It is expected that the College authorities will ere long complete the original design of the buildings, and hold in them the classes of the faculty of arts as intended at the time of their erection. When completed, the whole front of the edifice will be 350 feet, and elevated as it is on a terrace, an

surrounded by ornamental grounds, it will have a very imposing effect. Even in its present state, the McGill College is one of the most remarkable objects in the scenery of the mountain of Montreal, and never fails to attract the attention of the tourist.

The huge wall in the rear of the College is the terrace or embankment of the reservoir of the city water-works, deserving attention and which draws many visitors to that spot. The site of the College buildings as we have said was for many years a very inconvenient distance from what was then the city of Montreal; but it must be admitted that the directors cannot be blamed for its selection, particularly if they then had in view the rapid development which the city is acquiring every day.

We were much amused a few days ago, in looking at the engravings in a book published the very year in which the foundations of the College buildings were laid. (1) Most of the edifices, which are seen in the plates have disappeared and are replaced by others of much greater dimensions and of much better appearance. Tracts of land which were then gardens and fields are now covered with elegant houses; in fact, are the handsomest wards of the city.

In these engravings the General Hospital, in Dorchester street, seems to stand in the middle of a field, and the McTavish house, which is near the McGill College buildings at the mountain, has the appearance of a castle built in a forest. Now, Sherbrooke street and the mountain itself to a great distance beyond the Priests' farm, are covered with some of the most beautiful residences of the country, which are daily springing up in every direction. If we may judge of what will take place during the next twenty years by what we have seen since 1839, we can say without fear that the present site will then be a very central and eligible one. At all events it affords a most delightful view of this elegant and glittering city, which is perceptibly growing under our eyes, and a distant glimpse of the blue waters of the St. Lawrence with its many verdant islands.

In addition to the buildings we have described, the members of the Faculty of Medicine hold a two story brick house of plain exterior situated in Côté street. On the ground floor there are two large rooms occupied as a library, museum, and lecture room. It is intended by the University to acquire this building and to enlarge and improve it to meet the increasing demands of the Faculty for additional accommodation.

As we have already stated, the Faculty of Medicine has from its commencement been a prosperous and important department of the University. The thoroughness of its course of studies has given it a high reputation

(1) Hochelaga depicta, by N. Bosworth, Montreal, 1839.

and so established the value of its degrees that its certificates are received by the University of London and other British Colleges.

The Dean of the Faculty is Professor A. F. Holmes, who has held that position for many years, and was connected with the University since its first establishment in 1823. He is now the senior professor of the whole University, and consequently the senior professor of the Universities of Canada. He was also, when few men gave attention to these subjects, most influential in founding the Natural History Society and promoting the study of that science.

Professor Holmes lectures on the theory and practice of Medicine, including a full course of pathology. The other professors of the Faculty are: Dr. Campbell on Surgery, Dr. Hall on midwifery and diseases of women and children, Dr. Frazer on the institutes of Medicine, Dr. Sutherland on Chemistry, Drs. Scott and Craik on anatomy, Dr. Wright on materia medica, Dr. Howard on medical jurisprudence, including texicology, insanity, and medical police, and clinical medicine, Dr. McCallum on clinical surgery. Students are also required to follow one course of the classes of botany and zoology in the Faculty of Arts. The lectures of Drs. McCallum and Howard are given at the Montreal General Hospital twice in each week, and visits are made daily to the Hospital by the students.

The professors are all gentlemen well known in the Community and some of them are known by their contributions to science. Dr. Hall has been for several years the editor of a medical periodical, and Drs. Wright and McCallum are now publishing the Medical Chronicle, a valuable review, the sphere of utility of which is about to be extended by the insertion of articles in the French language.

The tickets of the Faculty of Medicine are received by the British Colleges and by those of the United States, whose tickets under similar regulations, are likewise received by McGill College.

The library consists of nearly 3,000 volumes, among which are found not only the most valuable works for reference, but recent standard works on all the departments of medical literature, and moreover, those elementary works which are chiefly adapted for pupils, the use of which they are allowed without charge.

The museum, besides the preparations (dry and wet) of healthy and diseased structures, contains a considerable number of artificial preparations in wax and composition from the manufactories of Guy and Thibert of Paris. The institution is also provided with an ice house and large and well ventilated dissecting rooms.

## OBITUARY.

### JAMES BARNSTON, M. D.

Since the last number of the *Naturalist* was issued, the most active members of its Editing Committee, and one of the principal and most valued contributors to its columns, has passed to his rest. On Thursday the 20th May last, Professor James Barnston, M. D., after a long and severe illness, breathed his last, at his residence in Little St. James Street, in this city. The deceased was the eldest son of George Barnston, Esquire, Chief Factor of the Hon. Hudson's Bay Company. He was born at Norway House, in the Territories of that Company, on the 3rd July, 1831; and, consequently, at the time of his death, had not completed his twenty-seventh year. He began his studies at Red River Settlement in 1840, and remained there for a period of five years. He was then removed to Canada, where his education was principally of a private nature; but he early distinguished himself by his thirst for knowledge, and especially pursued with assiduity those preparatory studies suited for the learned and honourable profession it was his intention to enter; and of which, had his life been spared, he would have become a distinguished ornament. In 1847 he went to Edinburgh, and entered upon the study of Medicine at the University there. He went through the usual course, and in 1851 passed the final examination for his degree with the greatest credit. Being then under age, he did not receive his diploma till the following year. During the third year of his course he filled the post of House-Surgeon to the Royal Maternity Hospital; an office which he resigned on passing his examination. He subsequently became assistant to a Physician in extensive practice in the town of Selkirk and adjacent country; but on receiving his diploma in the Spring of 1852, he went to the continent, with the view of "walking" the Hospitals there, acquiring additional knowledge of his profession, and completing his medical studies. He remained there over a year, principally in Paris and Vienna, and received the highest certificates from the Medical Directors of the Hospitals where he attended. In October, 1853, he returned to Canada, and commenced

practice in Montreal; and, consequently, at the time of his death he had been upwards of four years a Physician in our city.—We have said that he graduated at Edinburgh, before his twenty-first year, with the highest honors. During his stay at the University he carried off several prizes, two of which were for Botany, one of his favorite studies. In Medical Science, Midwifery was the particular branch to which he devoted himself. He made it, indeed, to some extent, a special duty. In the year 1857 he was appointed to the newly-established chair of Botany in McGill College; and had nearly completed his first course of lectures when prostrated by illness. His class-lectures were distinguished by an intimate knowledge of his subject, clearness of illustration, and appreciation of the difficulties of learners, which gave earnest of the highest success as a teacher of this delightful branch of natural science. During his studies in Scotland, he made a large collection of Botanical specimens; and it was his delight, when time and opportunity offered, to add to and increase this from the great variety to be found on the Mountain, and in the vicinity of Montreal. He had commenced a detailed catalogue of Canadian plants, which it is hoped may be sufficiently advanced to be in part, at least, published; and which would have given him a high place in American Botany. Dr. Barnston held until the time of his death the office of Curator and Librarian to the Natural History Society. He was one of its most valued members, and foremost and most active friends. He read many interesting papers, and delivered many delightful, and instructive lectures, before its members; and among those of his own age, whom he has left behind, we fear the Society will find few upon whom his mantle will fall.—In private life, the Doctor was quiet, unassuming and gentle. There was something about him which provoked to love; and to those with whom he was intimate, he was a friend indeed. For a young man who had so lately entered upon the practice of a profession numbering so many old and honoured members, he enjoyed a large share of the public patronage; and his devoted attention at the bed-sides of his patients, and the uniform kindness and gentleness which characterized his treatment of them, would in time have assuredly gained him an extensive practice.—A constitution naturally

delicate, and ardent devotion to his scientific and professional pursuits, conspired to invite and hasten the inroads of disease; but, unwilling to abandon his cherished fields of usefulness and study, he held out to the last, and worked until the night had come. He then resigned himself meekly to the will of God. His sufferings at times were very severe; but he bore them with resignation; and his end was peace. He was a member of the Church of England; and was cheered by the prayers of its Priests, and received at their hands the Holy Communion shortly before his last hour came. He leaves behind him a young wife, to whom he had been married scarcely a year, and an infant daughter. It were vain in us to attempt to console them under their sad bereavement. But God tempers the wind to the shorn lamb. The husband and the father is not lost, but gone before. He cannot return to us; but if we strive, and watch and pray, we shall assuredly go to him :—

" 'Tis sweet, as year by year we lose
Friends out of sight, in faith to muse
How grows in Paradise our store.

" Then pass ye mourners cheerly on,
Through prayer unto the tomb,
Still, as ye watch life's falling leaf,
Gathering from every loss and grief
Hope of new spring and endless home."

Dr. Barnston's remains were interred on the Monday following his decease. The Principal, many of the Professors and Students of McGill College, the Dean and a large number of the Medical Faculty, and a great concourse of friends, followed him to the grave. He sleeps in a quiet nook in our new Cemetery—on the side of that Mountain he has so often traversed, in order to gather fresh specimens of plants and flowers, to illustrate and adorn the science he loved so well.

A. N. R.

—*Canadian Naturalist*, June.

The College of Physicians and Surgeons of Upper Canada.—A Bill has at length been drawn up and presented to Parliamentary notice, with a view to incorporate the members of the Profession in Canada West in a body, having the above designation, and vested with full corporate powers;—and also with the further object of regulating the study, licensing, and practice of medicine, &c., in the aforesaid section of the Province. The organization appears to us to have been modelled upon the plan by which the College of Physicians, C. E., has been constructed, the differences being for the most part nominal, as for instance, that the Board, by which the affairs be managed, are to be styled the "Council," and the members be distinguished by the title of "Fellows." The Fellows are to be elected by ballot, and at the first election, which it is proposed shall be held next September, only licensed practitioners of the Medical Profession shall be entitled to vote. The Upper Province is to be, as it were, divided into divisions called "Electoral," and one Fellow is to be chosen in each of these from among the Physicians therein resident. The representation is also to be proportioned to a number hereafter to be settled upon. While the Council is, as we understand the intended act, to attend to general details, as before expressed, its Fellows are also, ex officio, members of a "Court of Examiners," before whom all candidates must appear who are desirous of enrolling themselves as students or obtaining a license to practise. All examinations are to be open and by written questions and answers.

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Criminal Licentiates of the College of Physicians, C. E.—A Bill has been brought before the House, having for its object the disqualifying of Practitioners, who may have been convicted of felony, by depriving them of their licenses. It passed a first reading on the 18th of last month. The principal provisions are the following, which we quote entire. The third refers to the disposal of the penalties, which is to be at the discretion of the College of Physicians, C. E, and the fourth to the publicity of the act. It only comprehends the Licentiates of the above-named body. We consider the step to be a very proper one, and most deserving of the Legislative sanction.

"I. Any Licentiate in medicine, surgery, or midwifery, who may have received his license so to practise as such, either from the incorporated College of Physicians and Surgeons of Lower Canada, or from the legally appointed Medical Boards of the Province antecedent to the time of the passing of the said Act of Incorporation of the said College, shall, after due conviction of any such felonious practice or felony, be deemed no longer a Licentiate of the said College, or otherwise qualified to practise medicine, surgery, or midwifery,

within the Province of Lower Canada, and be placed in like position to one who has never received such license so to practise."

"II. After due notification by the Board of Governors of the College of Physicians and Surgeons to the party practising in contravention of the next preceding section, the Board of Governors of the said College shall be empowered, and they are hereby empowered, upon common notoriety of such practice by the said party, and upon proof of the same in any suit or proceeding by the said College against the offender, to recover from such offender the same fines and penalties as are imposed by the said Act of Incorporation of the College of Physicians and Surgeons of Lower Canada, against all persons who practise medicine, surgery, or midwifery in Lower Canada, without a duly received license to that effect from the said College."

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STATEMENT *of Income and Expenditure of the Toronto General Hospital, from 1st January, 1857, to 1st January, 1858.*

RECEIPTS.

| | £ s. d. | £ s. d. |
|---|---|---|
| Rent and Interest, | ..... | 1494 0 9 |
| Sales Account, | ..... | 538 15 0 |
| Pay Patients, | ..... | 43 4 0 |
| Admission Fees, | ..... | 63 10 0 |
| Donations, | ..... | 59 7 11 |
| Provincial Grant, | 2000 0 0 | |
| Do. for Country Patients, | 1500 0 0 | |
| | | 3500 0 0 |
| Sale of Debentures, | ..... | 2500 0 0 |
| Loan from Bank of Upper Canada, | ..... | 1000 0 0 |
| Bank of Upper Canada, amount overdrawn, | ..... | 160 8 0 |
| Balance on hand, 1st Jan., 1857., | ..... | 171 17 0 |
| | | 9531 2 8 |

DISBURSEMENTS.

| | £ s. d. | £ s. d. |
|---|---|---|
| House Expenses, | 2748 6 7 | ..... |
| Salaries and Wages, | 1010 6 4 | ..... |
| Medicines, | 172 18 9 | ..... |
| Furniture, | 53 18 3 | ..... |
| Contingencies, | 491 19 3 | ..... |
| | | 4477 9 2 |
| New Hospital Account, | ..... | 2376 1 6 |
| Bills Payable, | ..... | 2000 0 0 |
| Interest on Debentures, | ..... | 600 0 0 |
| Balance, 1st January, 1858, | ..... | 77 12 0 |
| | | 9531 2 8 |

J. W. BRENT, Secretery and Treasurer.

STATEMENT *of the Current Income and Expenditure of the Provincial Lunatic Asylum, for one year, from* 1st *January to* 31st *December*, 1857.

| EXPENDITURE. | $ | c. | INCOME. | $ | c. |
|---|---|---|---|---|---|
| Medical Department, | 1589 | 33 | Cash, balance on hand, 31st December, 1856, | 3 | 00 |
| Household Expenses (Food), | 21262 | 26 | Bank of Upper Canada, balance on hand, 31st Dec., 1856, | 1272 | 38 |
| Bedding and Clothing, | 4815 | 76 | Articles sold, | 119 | 62 |
| Fuel, Light, Washing, and Cleaning, | 9806 | 52 | Discounts, | 1 | 05 |
| Insurance, | 625 | 00 | Branch Asylum, articles sold, | 18 | 05 |
| Removal of Patients, | 224 | 22 | Paying Patients, | 3466 | 83 |
| Draining, | 152 | 52 | Warrants, | 65042 | 53 |
| Coal Sheds, | 1415 | 75 | | | |
| Ash Pits, | 514 | 28 | | | |
| Advertising, | 126 | 00 | | | |
| Stationery and Printing, | 178 | 95 | | | |
| Straw, | 412 | 06 | | | |
| Interments, | 217 | 75 | | | |
| Furniture, | 963 | 00 | | | |
| Incidentals, | 269 | 08 | | | |
| Farm, | 821 | 23 | | | |
| Repairs, | 3424 | 40 | | | |
| Commissioners, | 747 | 00 | | | |
| Salaries and Wages, | 12661 | 45 | | | |
| BRANCH ASYLUM, AT UNIVERSITY GROUNDS, from 1st January to 31st December, 1857. | | | | | |
| Medical Department, | 205 | 20 | | | |
| Household Expenses [Food], | 3463 | 85 | | | |
| Clothing, &c., | 55 | 65 | | | |
| Fuel, Light, Washing, and Cleaning, | 890 | 36 | | | |
| Insurance, | 24 | 90 | | | |
| Interments, | 6 | 00 | | | |
| Furniture, | 51 | 78 | | | |
| Farm, | 80 | 85 | | | |
| Incidentals, | 44 | 19 | | | |
| Repairs, | 83 | 02 | | | |
| Straw, | 34 | 72 | | | |
| Stationery, | 27 | 25 | | | |
| Water, | 364 | 00 | | | |
| Salaries and Wages, | 1285 | 13 | | | |
| | 6796 | 90 | | | |
| Balance in Bank of U. Canada, | 2800 | 00 | | | |
| | 69923 | 46 | | 69923 | 46 |

JAMES McKIRDY, Bursar.

## MEDICAL NEWS.

The students of the Royal College of Surgeons, Dublin, have presented Dr. Mapother with a tea and coffee service and salver, in appreciation of his talents as a teacher.—An advertisement has appeared in the Lancet, notifying that "an M. D., with a practice of £800 a-year in the West end, aged 30, of good connexion and professional status, is desirous of being introduced to the daughter of a medical man, with a view to marriage and partnership."—The patrons of homœopathy in London and vicinity, including several noblemen of rank, dined together at the Goose and Gridiron, on All-Fool's day.—There are in the Zurich Lunatic Asylum 25 persons who have lost their reason through table turning and spirit rapping.—Male eggs are said to be distinguishable from female eggs by having wrinkles on their smaller end, while the female are equally smooth at both ends. M. Genin confirms this after 3 years' study.—Frogs are being used as an article of food by some of the lower classes of Lancashire.—*To keep rooms cool in summer:* Fill a flat vessel with water, and on it float branches of trees covered with green leaves. This is done much in Germany. The suspension of Indian matting, previously damped, at the open window, tends much to diminish the heat. The matting may be imitated by any kind of plaited grass.—Recent statistics have declared that in the 8 principal towns of Scotland, 8.5 per cent. of the births are illegitimate. This is the average, but the individual proportions are these: in Greenock, 4.6 per cent.; in Glasgow, 6.9; in Perth, 7.5; in Paisley, 7.9; in Edinburgh and Leith, 9.3; in Dundee, 9.6; while in Aberdeen the proportion was 19.5 per cent.—We regret to hear that Prof. Muller of Berlin has recently died, in the 56th year of his age. He was one of the brightest luminaries of science.—Late advices from Guatemala state that the cocchineal crop has been entirely destroyed; also that the government has offered premiums for the preservation and cultivation of the tree producing the balsam of tolu.—Dr. Rhuders, physician, has set to music the palpitations and irregular beatings of the heart of a female who is a patient in the hospital at Upsal. This disease, written in musical notes, with quavers and semi-quavers, forms a kind of waltz, and is one of the greatest curiosities of pathological science.—"Madam," said a doctor one day to the mother of a sweet, healthy babe, "the ladies have deputed me to inquire what you do to have such a happy, uniformly good child?" The mother mused for a moment over the strangeness of the question, and then replied, "Why, heaven has given me a healthy child, and I let it alone."—Garrick said of Sir John Hill, the physician and author, "The worst I wish the doctor is, that he may be compelled to take his own physic and read his own verses." "You must reverse the punishment," said a wag, "any man who takes the *doctor's* physic, *won't live* to read his rhymes."—*Brandy in a bad way:* Commercial intelligence from Paris states that "Brandies give no signs of life." If that is the case, brandy appears to be in danger of losing the title of *Eau de Vie*.—"I don't believe it's any use, this vaccination," said a Yankee. "I had a child vaccinated, and he fell out of the winder a week arter, and got killed."—A correspondent of a Picayune paper has such a cold in his head, that he can't wash his face without freezing the water.—This warning cypress flower is culled from a Cheltenham cemetery:—

> "Here lies I and my three daughters,
> Killed by a drinking of the Cheltenham waters;
> If we had stuck to Epsom salts,
> We'd not been a lying in these here vaults."

THE

# MEDICAL CHRONICLE.

VOL. VI.] AUGUST, 1858. [No. 3.

## ORIGINAL COMMUNICATIONS.

ARTICLE V.—*Poisoning by Hyoscyamus Niger, producing a Scarlatinal eruption.* By ROBERT CRAIK, M.D., House Surgeon to the Montreal General Hospital, and Demonstrator of Anatomy in the University of McGill College.

I offer no apology for presenting the following case to the readers of the *Chronicle*, as any fact which can tend to throw additional light on the action of the *Solanaceæ* must be considered as worthy of being placed upon record. It is now largely admitted that one of the solanaceæ—belladonna—has the power of warding off that fatal scourge of families, scarlatina, and this prophylactic power would seem to be in some way connected with the production of a rash upon the skin, which that drug is known sometimes to produce. Stramonium is also known to have occasionally produced a similar eruption, but I have failed to discover any notice of such an eruption from the action of hyoscyamus. A case is mentioned in the 22d number of the American Journal (new series) in which three drachms of the tincture of hyoscyamus was said to have produced an eruption resembling *urticaria*, accompanied by great swelling of the upper part of the body; but as the tincture was prescribed for a pain in the abdomen, we may, I think, fairly attribute the *urticaria* to gastric irritation arising from some article of food, many of which are notorious for its production.

In July, 1857, I was called in great haste to see a child, two and a-half years of age, who had swallowed some herbs which had been taken from the yard of the Montreal General Hospital. The father of the little girl described her as being "out of her senses," and very much excited. Having observed a number of plants of hyoscyamus growing in

the hospital yard, I suspected the nature of the poison at once. I sent the father home with a ten-grain dose of sulphate of zinc, with directions to administer it immediately on his arrival. I followed in about ten minutes, and found that the child had vomited slightly, the vomited matters consisting entirely of hyoscyamus seeds and capsules. The plant from which they had been taken was shewn me, and proved to be a large one not quite ripe, and having the whole of the capsules stripped from the upper part and probably swallowed by the child, so that nearly an ounce of capsules and seeds must have been taken.

The symptoms were so peculiar and so well marked that poisoning by some one of the solanaceæ* might have been diagnosed without any other evidence. There was the flushed and excited countenance, the restless and violent tossing, amounting almost to convulsions, the momentary listening to imaginary sounds, and the eager clutching at visionary phantasms; while the brilliant eye, widely dilated pupil, hurried pulse, and laboured respiration, filled up the pitiful but interesting picture.

One other symptom I must not omit, for it was among the most marked of all, and certainly not the least interesting. It was a bright scarlet redness of the whole surface, exactly resembling that of scarlatina. It was not a mere flushing of the surface, produced by the unusual exertion, but a well-defined papillary eruption, disappearing on firm pressure, but returning immediately when the pressure was removed. The mucous membrane partook to some extent of the same appearance as in scarlatina, though the strawberry tongue was of course not so well marked.

Another dose of sulphate of zinc having been administered without satisfactorily emptying the stomach, a teaspoonful of mustard was given, followed by copious draughts of warm water, which soon had the desired effect, very large quantities of the poisonous substances being evacuated. After recommending strong green tea as a drink, and applying cold to the head, I left her, promising to call again in two hours.

On my return I found the delirium and other symptoms still active, though not so violent as before, with occasional intervals of drowsiness. The eruption and the ocular delusions were as vivid as before.

I continued to visit her at intervals of a few hours during the night and following day, for the purpose of watching the decadence of the eruption, and I found that it, together with the ocular spectra, continued for about twelve hours from the time of taking the poison. Both then

* That is to say, one of the "mydriastic" members of this family, for they only are referred to in the present article.

ceased gradually, and the child sank into a troubled sleep, interrupted by startings, twitchings of the muscles, &c., which did not entirely cease for upwards of twenty-four hours. The dilatation of the pupil continued for several days.

I watched the child carefully for some time for the purpose of noting whether any attempt at desquamation would take place. On the fourth day numerous vesicles appeared on various parts of the body, resembling those of varicella. After remaining out for about two days they dried up, leaving scales which peeled off along with portions of the surrounding cuticle. The thick epidermis of the hands and feet, however, showed no sign of desquamation. There was hoarseness and considerable irritation of the fauces for some days, probably partly due to the local action of the mustard, which we had some difficulty in compelling the child to swallow. In ten days the child was as well as ever.

In thinking over the foregoing case, the following reflections have suggested themselves,—1st, there is undoubtedly a considerable analogy between the actions upon the system of these solanaceæ and of the poison of scarlatina, and although the resemblance fails in many particulars, yet it is almost as well marked as that between the operation of vaccine virus and of small pox; 2d, as there is no doubt of the prophylactic power of vaccinia, so we may fairly hope that the use of these solanaceæ may exert at least some influence in warding off or in modifying that terrible scourge—scarlatina; 3d, the case now narrated goes far to prove that hyoscyamus would prove quite as effectual as a preventative of scarlatina as belladona, and on account of its mildness as compared with the latter, its use would not be attended with the same risk. It may be a question, however, whether the dose of hyoscyamus would not require to be so much larger than that of belladonna as to render its use quite as hazardous. This objection would seem to be strengthened by the great similarity which exists in the composition of the active principles of the three most prominent members of the family of solanaceæ, a similarity so strong as to give rise to the opinion entertained until lately that they are identical. The question, however, can only be settled by actual experiment and observation.

In concluding this hasty and imperfect sketch, I would remark that no effort should be spared on the part of any member of our profession in contributing, however feebly, to the discovery of a prevention of scarlatina, nor should any motive of timidity deter from making public any fact which might further the end in view. By the discovery of Jenner one dreaded disease has been stripped of most of its terrors; let us therefore strive and hope that another enemy to our race equally fatal may be in like manner subdued.

# REVIEWS.

ART. V.—*Contributions to Operative Surgery and Surgical Pathology.* By J. M. Carnochan, Professor of Surgery in the New York Medical College, Surgeon in Chief to the State Emigrant's Hospital, etc. With illustrations drawn from nature. p. p. 32. Philadelphia: Lindsay & Blakiston. Montreal: B. Dawson & Son. Price 75 cents.

This is the first fasciculus of a series of contributions to Operative Surgery, to be issued quarterly until the number ten is attained. The author, Dr. Carnochan, is justly celebrated as a surgeon in the United States, and is rapidly acquiring a European reputation. He is still young, and, if his life be spared, he will probably, in a few years, be the first operative surgeon on the Continent of America.

The present number contains:—Case of Amputation of the Lower Jaw—Remarks on Amputation of the Lower Jaw, and Elephantiasis Arabum successfully treated by ligature of the Femoral Artery, with cases.

The case of entire removal of the lower jaw is one of special interest, as it is the first carefully recorded case of the kind in the annals of Surgery. Perry, in *Med. Chir. Transactions*, vol. xxi. p. 290, certainly relates having removed the whole of the lower jaw in a case of necrosis, but his operation differs from Dr. Carnochan's in the circumstance that the bone was removed at three different times, instead of at one sitting. He first removed the front of the bone by making an incision from one masseter muscle to the other, dividing it on each side with the saw and nippers. On the next day the right ascending branch, which had dropped a little, was removed without difficulty; and three weeks after, the left, which adhered rather more firmly. Dr. Carnochan removed the bone for *necrosis*, ensuing on typhus fever in an emigrant aged 43. The details are as follow:—The patient being seated in a chair, and the assistants properly arranged, an incision was first made, commencing opposite the left condyle, passing downwards towards the angle of the jaw, merging at about two lines in front of the posterior border of the ramus, extending thence along the base of the jaw, and terminating by a slight curve on the mesial line, half an inch below the free margin of the lower lip. The bone was now partially laid bare, by dissecting upwards the tissues of the cheek, and by reflecting downwards, for a short distance, the lower edge of the incision. The tissues forming the floor of the mouth, and situated upon the inner surface of the body of the bone, were separated from their attachments, from a point near the mesial line,

as far back as the angle of the jaw. The attachments of the buccinator were next divided. The facial artery, the sub-mental and the sub-lingual, already cut, were then secured by ligature. It was now seen that the bone was partially separated at the symphisis, and that the necrosis was complete from that point to the anterior portion of the ramus. The ramus itself was found diseased ; the periosteum, externally, was inflamed, and in some parts easily detached. The tongue was now grasped and held forwards, while the attachments of the genio-hyo-glossi muscles were divided. A double ligature was passed through the anterior part of the root of the tongue, and entrusted to an assistant, in order to prevent its retraction upon the superior orifice of the larynx. A fatal case, from the falling backwards of the tongue, occurred a few years ago, in the practice of an eminent surgeon ; and a similar misfortune should always be guarded against when the muscular attachments of the tongue to the posterior part of the bone behind the symphysis are divided, a slight force exercised upon the left half of the body of the jaw, broke the connection at the symphisis and at the angle, and this part was easily removed. The next step consisted in the removal of the left ramus. The external surface of the branch of the jaw, and of the temporo-maxillary articulation were exposed, by dissecting the masseter upwards, as far as the zygomatic arch. Seizing the ramus in order to pull the coronoid process downwards, below the zygoma, it was found that the temporal muscle was rigidly and permanently retracted. This circumstance presented an unexpected difficulty, which was increased by the unusual development of this apophysis, and by the retraction also of the pterygoid muscles. Passing the fore-finger along the inner aspect of the ramus, the situation of the internal and external carotids was sought for and recognized. The insertion of the pterygoideus internus was then felt and cut, grazing the bone in doing so ; the lingual nerve, here in close proximity, being carefully avoided. Passing still higher up, the orifice of the dental canal, indicated by an osseous projection could be felt ; and the instrument, still guided by the finger, divided the dental artery and nerve.

The knife was thus made to separate the tissues attached to the inner face of the bone, as high up as a point situated about a line below the sigmoid notch, between the condyle and the coronoid process. On a level with this point, at the posterior margin of the ramus, the transverse facial, internal maxiliary, and temporal arteries form a kind of tripod, the two last-named branches of which should not be divided, if possible. It now became necessary to detach the tendon of the temporal muscle. As the coronoid process could not be depressed, I proceeded cautiously, by dividing the lower attachments of the tendon, by means of blunt curved

scissors; and by using them and a probe-pointed bistoury, alternately—keeping close to the bone—a considerable portion of the tendon was divided. Deeming it not prudent to use freely a sharp-cutting instrument, deep in the temporal fossa, where the coronoid process was situated, I made use of a pair of bone scissors, curved flatwise; and, by passing the blades of this instrument over the process, as far as its position would permit, the temporal muscle was detached; a small portion of the apex of the coronoid process being cut through. The ramus, now moveable, could be made use of as a lever to aid in the disarticulation of the bone.

In order to effect safely the disarticulation of the condyle, I began by penetrating into the joint; cutting the ligaments from *before backwards*, and from *without inwards*. The articulation was thus opened sufficiently to allow the condyle to be completely luxated. Blunt-pointed scissors were now used to cut carefully the internal part of the capsule and the maxillary insertion of the external pterygoid muscle; and, by a slow movement of rotation of the ramus upon its axis, the condyle was detached, and the operation was completed on this side. By proceeding to disarticulate by the method here described, injury to the temporal artery, as well as to the internal maxillary, was avoided.

To effect the removal of the other half of the lower jaw, the same incision was made on the opposite side, so as to meet the first on the mesial line. The dissection was also similar; and by disarticulating the second condyle in the same manner as had been observed for the first, I was successful again in avoiding lesion of the temporal and internal maxillary arteries.

The object I had in view, in shaping the external incisions in such a way that an inverted V should be formed in front of the insertion of the genio-hyo-glossi muscles, was to leave a portion of integument so fashioned, that the suture-pins could be passed through the integument, and, at the same time, through the root of the tongue, at the point where its muscles had been detached from the inner surface of the jaw. The several tissues becoming thus incorporated in the resulting cicatrix, served to form a new bridle, somewhat analogous to the natural muscular attachments of the tongue to the genial processes.

The amount of blood lost was inconsiderable. The arteries divided, besides those mentioned, were the transverse facial, the anterior masseteric, the anterior parotidean, &c.; and these were secured as soon as divided. The bone being disarticulated, the flaps were adjusted, and the lips of the incision united, by eighteen points of twisted suture. The tongue was retained forwards after the dressing, by attaching the ends of the ligature already passed through its base on each side, to a bandage

passed vertically around the head. Forty-eight hours after the operation, the first dressing was removed: union by first intention had taken place, and eight of the suture-pins were taken out. In ninety-six hours the wound was again examined: union was found to be entirely completed, and the remaining pins were removed. On the seventh day, it was thought safe to remove the ligature from the tongue. On the tenth day, the arterial ligatures came away; and on the fourteenth day, the patient was pronounced cured, not having an untoward symptom since the performance of the operation.

The operation occupied fifty-five minutes, the patient having been allowed intervals of repose to recruit."

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## CLINICAL LECTURE.

*On Lateral Curvature of the Spine.* By Holmes Coote, Esq., F.R.C.S., Assistant-Surgeon to St. Bartholomew's and the Royal Orthopœdic Hospitals, &c.

Gentlemen,—I wish to-day to bring under your notice a few facts and some orthopœdic apparatus that I have on the table; which you should all begin to understand for yourselves, as orthopœdic surgery is becoming a very essential portion of even general practice.

And I think, as a contrast, I cannot do better than to begin by giving you the impression of Sir. Benjamin Brodie, as delivered just twelve years ago to the pupils of St. George's Hospital, in these words, or to this effect: that, "when he first became engaged in a considerable private practice, and cases of curvature of the spine were presented to his observation, he was in doubt as to their nature and treatment; that in fact he knew nothing of them from his own experience; that in this respect his education had been imperfect, and that he had learned nothing of them from his teachers." This declaration, so astounding but true, seemed to Dr. James Wilson to cast such an unjust reflection on the teachers in the Windmill-street School of Medicine, that this gentleman favoured the Profession at that time also with an epitome of the opinions of his father, the late James Wilson, who, on the subject of orthopœdic surgery, was the chief authority of that day. It is well you should keep in mind that this was only ten or twelve years ago that the late James Wilson's experience was appealed to! Now let us see what he stated.

Speaking of Weakness of the Spinal Muscles, he says: The pathological importance of muscular agency in disease receives its full illustration

in the cure of a crooked back, which may be often effected by the healthy exercise of its own muscles; my father, ingenious and humane, never failed to enforce this simple anatomical truth, and many young growing girls were by him raised from horizontal boards, or released from the 'casing iron,' and placing a light weight on their heads, and desiring such girls to poise it as they walked, he thus practically taught the tonic power of the double supporting muscles, which preserve the equilibrium of the spine. His chief model for his young clients of fashion in the West-end of London was the Irish girl, laden yet erect, on her way to market."

Now, gentlemen, this is all wrong. This poor Irish girl, with fine arch to her foot and sinewy "tendo-Achilles" springing along, has much to answer for in orthopœdic surgery. If a weakly patient suffering from club-foot and distortion of the articulation at the ankle, elongation of the ligaments, and atrophy of the muscles, were to consult one of you, should you say, "Take off all mechanical support and casing irons, place a weight on your back, and walk on the club-foot," &c., &c., because a healthy Irish girl, with an astragalus like the dome of St. Paul's for strength, is able to do so. Yet this was the state of surgery ten or a dozen years since! Or take spinal cases themselves, and in what respect do the spinal articulations between each of the vertebræ differ from those in the ankle or foot, except as being far more numerous and complex? Surgeons, it is true, have almost ceased to regard the articulation of the spine as a congeries or assemblage of joints, and a modern author, Gurlt, makes a sort of apology for including "lateral curvature" under the title "diseased joints;" in many lectures or books on surgery it is omitted, and in almost all it is slurred over in a most superficial manner. We have circumstances, then, of this kind to blame for the fact, that patients in the upper classes (where these diseases are very common) feeling an inability to attain the muscular development figuratively dwelt on by Mr. Wilson, while the lateral curvature remains stationary or gets worse, and, receiving no better advice from the Profession, have surrendered themselves to specialists or advertising "machinists." I believe that the frequency with which this disease occurs in London is not at all suspected—out of about 10,000 cases of every kind of deformity treated at our Orthopœdic Hospital, according to Mr. Tamplin, there were 647 cases of "simple lateral" curvature, and only 78 of a compound nature, general rachitis, contraction of sternum, &c. In Bethlem Hospital, according to Dr. Helps, female lunatics, when incurable, became all, sooner or later, deformed by the spinal curvature. 'The Cyclopædia of Practical Medicine' also gives a fearful account of the ravages of this disease in our

boarding-schools for young ladies; in one school containing forty girls it was found that not one girl who had been at the school for two years (and the majority had been as long) but was crooked. I know this to be all true, even at the present moment; happily a portion of this ill-health produced at school is in many cases only temporary, and vanishes after return home from it!

Now, what is the true nature of this disease termed "lateral curvature?"

Lateral curvature, when unaccompanied by rickets, commences generally about the age of ten or twelve years. The first object which attracts attention is a fullness or projection of the shoulder; the latter corresponding with the convexity of the distortion. Now, you will find in practice that should this convexity first be noticed in consequence of a fall or bruise it is apt to be at once pronounced a case of that very hypothetical injury, dislocation of the lower angle of the scapula over the border of the latissimus dorsi. Well, what next, as they say, do you find? As the deviation proceeds the ribs suffer displacement, became compressed and approximated, the height of the shoulder is unequal to that of the opposite shoulder, one hip also appears larger than the other, the chest becomes flattened on the side corresponding with the convexity and full and projecting on that of the concavity; we see these cases every day by the dozen.

It is unnecessary to observe that these changes in females cannot take place without constitutional disturbance; the patient suffers from lassitude and debility, from neuralgic pains in the side and back. In females the catamenia are irregular, there is palpitation of the heart, disturbed rest, constipated bowels, and impaired appetite.

Now, patients do not "grow out" of this, as popularly thought; it is a disease, in fact, the tendency of which is to get worse; the treatment is often difficult and uncertain in all its stages, but at the commencement much good may result from recognising it in time, and applying proper remedies. It is all very well to say the diseases is the result of this debility, lassitude and neuralgia, this palpitation of the heart, disturbed rest, impaired appetite, &c.; and that *sublata causa tollitur effectus.* I believe patients will not grow out of it by any medical treatments purely medical: you must use along with the medicines certain mechanical appliances, and here it is where practitioners are at fault.

As the disease advances, in place of patients growing out of it, we find impression of the bodies of the vertebræ along the concavity of the curve, with diminished thickness *or even complete absorption of the intervertebral substances.* Is this a thing to be treated slightly? There is, moreover, a

twisting of the lower dorsal and upper lumbar regions; the edges of the vertebræ even rest upon one another and become anchylosed together; or a small plate of bone may extend from the vertebræ above to the vertebræ below; the articulating surfaces also may become anchylosed or even the convexity may become diseased, and the bodies of the vertebræ on the convexity still remain of a natural depth or even deeper than usual! Those changes occur infinite in variety and degree; the spinal column, in such cases, often presenting more curves than one. Now, if it be true, as cannot be doubted, that in the class of cases under consideration the first stage in the disease is a simple yielding of the ligaments without deformity, such as we witness in the knock-knee, &c., and that change of form in the vertebræ comes on afterwards as the result of compression, the importance of early mechanical treatment is obvious.

Mr. Coote then proceeded to explain the principles of mechanical treatment. He observed that the superincumbent weight of the head and upper extremities must be taken away by means of a crutch extending from a strong pelvic band to the axilla on the side of the concavity. But such support alone was insufficient to control the curve; a pad attached to a steel bar, moved by means of a cog-wheel, must be steadily pressed, day and night, against the convexity of the spine, and continued so to act until the deformity has become removed, and the ligaments had acquired their normal length and strength. He showed how, in some cases of double curvature, a second pad, exciting counter-pressure, was required; and he exhibited various kinds of instruments, of which some were in operation on patients. Finally, he begged his hearers to remember that the mere application of an instrument never could effect a cure; it was but the first step in the treatment. The pressure of the pads require constant supervision; sometimes they needed to be raised, at other times depressed, or pressure was necessary from behind forwards. Cases of failure were mostly due to want of steadiness in attending to these rules. Constitutional treatment was not to be disregarded, for the existence of this deformity implied a state of general weakness, and experience showed that medicines, unavailing while the spine was twisted and bent, regained their powers when, with restoration of the proper figure, the different viscera regained freedom and the performance of their normal functions.

## THERAPEUTICAL RECORD.

*Cure of Epilepsy.*—A young girl fell down in the public streets of Paris in a strong epileptic fit. A crowd immediately collected round her, but for some

moments nobody conld think of any means of assistance. A sergeant de ville coming up, and seeing what was the matter, asked a bystander to lend him a black silk neckcloth; having obtained it, he covered the girl's face with the silk, and in the course of a few seconds she began to recover. The convulsions ceased, consciousness returned, and in a short time she got up and walked quietly home, having first thanked the officer for his kindness. A medical man who happened to be present towards the termination of the scene, complimented the sergeant de ville, and said to him, "You have taught me a new mode of treatment."—*London Standard.* This is not a new mode of treatment, but a fact known to many for the last half-century.

*Cupping Blistered Surfaces.*—MM. Piorry and Favre have been recently making some successful experiments by leaving a blister on only for a few hours, and then applying cupping-glasses over it. In this way all mischievous effects of the blister may be avoided, and yet abundance of serum produced. The results will hereafter be published, thus much only being now stated to secure the priority of the practice.—*Amer. Drug. Circ.*

*Florogene in Intermittent Fever.*—Some of the physicians at Cincinnati report very flattering success from the employment of florogene, the active principle the animals he has reason to believe were rabid, and others perhaps not so.—*Id.*

*Iodine in Snake-bite and Bites of Rabid Animals.*—Dr. Brainard of Chicago, has for years used and pretty clearly demonstrated the value of iodine as an application to snake-bite. Dr. Massey commenced early in 1853 to treat wounds made by rabid animals with tincture of iodine. He applies it to the wound every five minutes for an hour, then an emollient poultice, and the iodine every hour for the next ten hours, then every four hours for the next twenty-four, and changes the poultice every twelve hours until the wound heals. He has employed this treatment with success in a number of cases. Some of of the apple tree bark.—*Id.*

*Foul Ulcers of the Legs.*—A woman at St. Mary's Hospital, whose entire leg has been in a state of ulceration for years, with islands of skin here and there, has had it effectually healed up by Mr. Coulson, by wrapping a piece of linen around it wet with a lotion of the sulphate of soda and a bandage over all. Mr. Coulson thinks the bandaging and rest have proved as serviceable as anything else used.

*Cholera.*—Dr. Black of Chesterfield announces that Arsenias Potassæ is a specific for cholera in all its stages, and cites his ample experience even in cases in which the various other and active medications have been vainly tried. From 6 to 15 drops of Fowler's solution are given in cold water every 10 or 15 minutes, until vomiting and purging cease, when smaller doses and at longer intervals are repeated until reaction.

*Antidote to Strychnine.*—Dr. A. F. Joseph of Cumminsville, sends us the following note: "Being called to a case in which a person had taken an overdose of strychnine by mistake, and who was suffering most intensely from its effects. I administered sweet milk in copious draughts. The patient recovered speedily."—*Med. Reporter.*

## PERISCOPE.

*On the Treatment of Nervous Headache—Gulstonian Lectures, delivered before the Royal College of Physicians.* By JOHN ADDINGTON SYMONDS, M. D.

I hasten now to the consideration of the treatment of nervous headache, that kind of which I have adopted the popular appellation, and which I have described as consisting of a painful affection of the nerves of the brain. And first, as to the removal or alleviation of the immediate attack. It is rare for us to succeed in cutting short an attack, that is, stopping it in mid career, or at the very onset; but we are not without means of greatly abating its violence.

The case is one for a skilful use of anodynes; and I know of no form of pain which offers wider scope for the exercise of ingenuity in the combination of these remedies, and in the mode of administering them, as well as of patience in varying them, till the form and dose have been ascertained which suit the individuality of the case. I need not say that nothing marks the sagacious physician more surely than his faculty of quickly discerning the speciality of the patient submitted to him, so that he may see how the operation of a general therapeutical law must be limited in its application to a particular instance. But in the sufferer from headache it is all but impossible to divine the particular susceptibility of anodynes. And the physician who might very quickly perceive how far his patient's special organism might be likely to tolerate strong antiphlogistic or actively stimulating treatment, might be quite at fault in guessing whether a headache would be relieved or increased by a dose of opium.

The difficulty in administering opiates for the relief of headache is partly explained by what ensues after taking them for mitigation of pain in other organs. We do not doubt our ability to quell the pain, of gastrodynia, enterodynia, or toothache, at least for a time, by an adequate dose of opium; but we know the reproach which is often thrown upon us by the patient, who with an aching head and sick stomach, assures us that he has only exchanged one kind of misery for another. This effect of opiates is worthy of a moment's discussion, and not only because it is a headache, and therefore within our subject, but also because it is obviously related with the sedative treatment of headache in general.

After a dose of opium sufficient to induce sleep for several hours, the patient may feel upon waking a frontal headache, dull or sharp, accompanied with nausea and vomiting. It closely resembles what is called "a sick headache," and it may last for several hours. It is somewhat

like what is complained of after intoxication, excepting that in the latter instance thirst is more prominent. Though there is probably more or less of cerebral congestion consequent on narcotism, the pain can scarcely depend upon that state. We have seen how any excitement of the brain, whether emotional or intellectual, is capable of inducing a painful state of the nerves of the brain. Therefore it is not surprising that any thing which so seriously interferes with the sensory ganglia as to compel them to sleep for a certain time, should occasion pain, when the soporific effect has passed off. That there may be some sympathetic influence from the abdominal organs, which have also been tampered with, is very possible, since in some persons the disagreeable consequences are averted by combining an aperient, especially a mercurial dose, with the opiate. But this does not always answer; and I believe that the disagreeable and painful symptoms result from the action of the opiate on the nervous centres. Some persons are so constituted that within an hour or two after taking the narcotic, instead of being made to sleep, they suffer the same symptoms of distress, with the addition in some instances of extreme faintness.

It is a problem yet to be solved why narcotics should affect persons so differently. Few constitutional infirmities demand our pity more than the incapability of taking opium without detriment. With many no inconvenience whatever ensues. The paroxysm of pain has been subdued, sleep induced, and no discomfort of any kind is experienced. But seeing that such is the fact, however explained, we cannot be surprised that it should be difficult to administer narcotics for the alleviation of headache.

In many persons the attacks are too frequent to admit of such frequent recourse to doses of sufficient strength for the reduction of the pain. In others they occur in the day time, and though capable of causing great discomfort, they hardly warrant a withdrawal from the avocations of the day, in order that the subjects of them may submit to anodyne operation. But when the case is either severe enough to lay the patient aside, or when it comes on in the latter part of the day, there is no reason why the opiate should not be resorted to. My belief is, that we are over-cautious in the use of these remedies for nervous headache. From an exaggerated fear of inducing congestion, we resort to the feebler agents, which are seldom found to be of much avail, and discourage the patient for the trial of more efficient medicine. I confess that for acute pain, I place very little confidence in henbane, hemlock, lettuce, and hops. If the attack is to be met by narcotics, we should try first one or two grains of opium, or an equivalent of morphia combined or not with calomel or blue pill. In some persons the opium acts more kindly in

conjunction with camphor; in others, with a saline draught. But if opium or its alkaloid cannot be resorted to, there are other efficient anodynes which may be appealed to; such are aconite, belladonna, and cannabis indica. Of these, aconite has been in my hands that which may be most relied on: the difficulty is really in its power. There must be enough, but it is more easy to pass from what is sufficient to what is excessive, and therefore dangerous, than in the case of any other narcotic A little too much opium, we know the worst of. Even with belladonna it is only temporary delirium, or blindness that we have to dread; but a very slight excess of aconite puts the patient in peril by the depression of the heart's action,

It may not be amiss to relate an example of the caution requisite in the use of this powerful drug. For a lady who had for many years suffered intensely from attacks of headache, I prescribed the alcoholic extract. The remarkable relief which she derived from this medicine made her anxious to have it always at hand. The dose to which she had become accustomed was half a grain in a pill, and she was allowed to repeat the dose once after two hours if the pain persisted. She took a supply of such pills with her into the country, and she was in the habit of resorting to them as occasion required, with great benefit. But one day, when she was engaged to a dinner party, at some distance, she was attacked with her usual headache a few hours before the time of going out. She hoped to be enabled, by the use of the pills, to keep her engagement. Not finding so much relief as usual, she took a second pill, and was much better; but just before stepping into her carriage she determined to make quite sure of a pleasant evening, and therefore swallowed a third pill. Before she could arrive at her friend's house, she was taken frightfully ill; the carriage was stopped at a cottage by the road-side, and for many hours she was in great danger, with all the symptoms of aconite poisoning.

I usually direct a certain dose of Fleming's tincture (from one to two minims), to be repeated after two or three hours if needful; or one eighth or one sixth of Morson's alcoholic extract. In some cases the effect is marvellous. The instances, however, in which I have seen most good result from aconite have been those in which there has been a more chronic species of pain—a constant soreness or disposition to ache. In these a small dose administered thrice daily has been found very salutary, whether combined with tonics or taken singly.

In these cases, again I have known very great comfort ensue from the use at bedtime of a combination of salines, nervines, and ether. Thus in one of my patients whose brain seems to be always on the verge of

aching, such a mixture is always at hand rarely fails to avert a threatened fit of pain, though it would be inadequate to the suppression of it when fully formed.

Chloroform inhaled will relieve or remove a headache; but its effect is too transient to be of much avail. I have given it by the stomach in pure form, or as it exists in chloric ether, and sometimes with immediate dissipation of the pain; but the direct anodyne operation is uncertain, and I have sometimes doubted whether the good effects might not be due quite as much to the rubefacient action on the mucous membrance of the stomach, as to the narcotic influence on the sensorium.

The external use of anodynes might be oftener appealed to than it is. When discussing sympathy in relation to the production of pain, I adverted briefly to impressions of temperature on the scalp, and indirectly to anodyne applications, and I expressed a strong opinion that the media of communication are the vascular nerves. I know not in what other way to explain the relief afforded to an aching brain by the application of a pad, soaked in a mixture of warm water and laudanum, to the forehead and temples. This measure is preferable to the employment of stimulating liniments, which, besides the inconvenience attending their use, may do harm by exciting the capillary circulation of the scalp, and by sympathy, that of the interior.

In some cases great alleviation is derived from the use of sinapisms or other rubefacients applied to the spine; but it will be generally found when this is the case, that a certain amount of vascular disorder is added to the nervous pain, either as an effect of this, or as the concomitant result of a common cause. But when the pain is more purely nervous, and occurs in a person of high neurotic sensibility, the irritation of the cutaneous nerves may add to the distress instead of lessen it.

But, in addition to the decided narcotics, we have a useful class of agents conveniently grouped under the term nervines. Thus, there are, in the first place, the dietetic nervines tea and coffee, which are invaluable in the minor degrees of nervous headache, especially when it has been the result of fatigue, either mental or bodily. There is, however, some danger in their use, for they not only dispel the pain in question, but they also recruit the nervous power in the brain so thoroughly as to tempt the patient to return too quickly to the very exertions which have done the mischief. But I am not acquainted with any agent which equals these substances in the power of removing the headache, without leaving inconvenient results. And as their physiological operation is so purely cerebral, restoring the intellectual faculties, and ministering to the sensation of personal well being, as well as lessening any sad emotions,

we have here an additional presumption, were any required, that this headache is seated in the nerves which are immediately related with the molecular action of the brain.

The medicinal nervines are also of use, and chiefly valerian, camphor, castor, and the fetid gums. Of these, valerian is at once the most efficient, and the most easily taken, whether as an infusion, or in the form of volatile tincture. But these substances are less beneficial as remedies for an attack of pain than as correctives of the neurotic sensibility which gives rise to them.

This latter treatment may be said to be prophylactic to the attacks, and curative of the diathesis, and it is of far greater importance than that which merely contemplates the removal of the present pain. It is superfluous for me to talk to this assembly of the methods of correcting this diathesis by air, diet, and exercise, or by removing those faults in the digestive organs, or in the uterine system, which have induced it. Nor shall I discuss all the various tonic and other medicines conducive to this end which have been recommended. I shall confine myself to those of which I have had most experience, and which have best prospered in my hands.

There are two which stand far in advance of the rest—quinine and arsenic. Iron will do much when there is an obvious deficiency of the red corpuscles of the blood, in conjunction with the diathesis in question, but its value is not so specific as that of the remedies which I have named.

The modus operandi of quinine in the cure of ague and of nervous pain, is not without mystery. Were it only a remedy for the cure of that remarkable series of phenomena comprehended under the name "intermittent fever," a comparatively simple hypothesis might present an adequate key. One might begin with presuming that the malarious poison in the blood induces a certain change in the fluid, analogous to the process of fermentation, and that after the eliminative action of the skin, the blood returns to its former condition, with retention of enough of the poison for producing in a definite period a like process, the very poison being, in all probability, capable of multiplication in the blood; for were it not so, how could the disease remain for months after removal from the malarious source? Admitting such a theory of the disease, it would not be difficult to append to it the hypothesis, that quinine destroys the poison, or prevents it from developing that change in the composition of the blood which eventuates in periodical fever. But quinine is as certain a remedy to the neuralgia which follows a catarrhal attack, or that which is the consequence to a slight blow on the head; cases in which there is no reason for presuming a chemical vitiation of the blood. If the former

hypothesis would fit the facts or the philosophy of ague, it will not account for the cure of neuralgia.

The operation of this substance, indeed, is so unequivocally exerted on the functions of nervous substance, and with no direct proof of its affecting the composition of the blood, that one would be rather tempted to frame an hypothesis which should bring the cure of ague within the scope of a neurotic process.

In an admirably reasoned argument by Mr. Paget, in a lecture on the rhythmical action of the heart, strong grounds were offered by that eminent physiologist for the belief that rhythmical actions depend on processes of molecular growth, occupying definite periods of time. If this be true of physiological phenomena, is it not likely to be applicable to pathology? In those neurotic affections of periodical recurrence, neuralgia, asthma, epilepsy, etc., may it not be that a portion of the nervous substance in some central part suffers an error of growth, which occupies a certain period, perturbs the natural function of the part for a certain time, and ceases, till a new growth has been developed, and runs its course in like manner. I have a patient who every day is subject to the following attack, and has been so for the last eleven years, without one day's intermission. At 4 P. M. she is seized with clonic spasms of the left arm and the left side of the neck, which last for three hours, and then subside. No mental impression, no opiates, no tonics, no baths, no diet, no change of air, no galvanic currents no chloroform inhalation, nor whatever the wit of any doctor has hitherto devised, has succeeded in preventing the attack. Once by chloroform inhalation I succeeded in cutting short the paroxysm; but the remedy was worse than the disease. The only remedy which has lessened the violence and duration of the fits is quinine in large doses taken every day. Great hopes were built on arsenic; but the mucous membranes were intolerant of this agent.

Now the periodicity of such an attack is perhaps no greater mystery than the periodical evolution of nerve force in the nerves of the heart, if we presume the growth in an abnormal form, of a portion of the nervous centre related with the motor nerves in the subject of this singular excitement. Tendency to recurrence of like action is a well marked attribute of nervous substance, and implies the ready establishment of new forms of growth and action; and it lies at the root of habit in sensation, motion, and thought. Whether in health or in disease, new changes of life and action in the nervous system easily become permanent. Were it not so, what would become of progress and education?—A morbid habit is the continuation of a casual abnormal action. A strong impression is made on the nerves of the heart, and the rhythm of the pulsation

is changed: from that time the change may continue. The nervous structure retains its new mode of growth and action: it is an excess of a thought; and from that time forth, so long as its life endures—in other words, as long as memory is intact—the molecule grows in the same form, undergoing an everlasting series of births and deaths, but maintaining its identity by its perfect similarity of reproduction. And so, as I have said, a new phase of being and action may be impressed on a portion of the nerve centres connected with sensation and motion, and may become permanent. When this occurs easily—when new modes of action are more easily impressed on some than on other individuals, such persons have a neurotic diathesis, a liability to nervous disorder.

A morbid habit is the perpetuation of what should be a temporary state and action; and it argues a diseased tendency to assume so readily a new condition.

A medicine which breaks the habit may be a substance that nips the new growth, compelling the part to return to its former development. It is like a new element introduced into a soil, destructive of particular organisms. Such may be the operation of quinine, arsenic, zinc, copper, and the vegetable nervines.

I am not so ambitious as to endeavour to construct a new theory of intermittent fever, but I strongly surmise that in the progress of discovery there will be another reaction from the modern excess of humoralism towards a modified and improved neurological pathology, and that new forms of molecular growth in nervous tissues, evolving abnormalities of nerve force, or new forms of nutrition in secretory tissues, will be discovered, deriving, perhaps, their pabulum from altered blood, but which altered blood will be only one of the series of changes.

Allowing, however, that intermittent fever consists mainly in toxœmia, it is not difficult to understand how in the districts where the poison is rife, there have been noticed in different seasons alternations of that disorder with purely neurotic affections. What, after all, is blood disease? Is it a mere chemical change, such as is effected in an inorganic fluid by the introduction of a new element? Chemical change there may be, but there must be far more of a change in the growth and life of those organic cells which form so large a part of the fluid. A poison which may at one time act on sanguineous cells, and interfere with or modify elimination, so as to produce the phenomena of fever, may at another time have a modification which affects vesicular neurine, and occasions neuralgia and strange spasms. Those who are familiar with the history of epidemics must be well aware how interchangeable are fevers and diseases. Wild manical dances have followed close upon black pestilences, neuralgia upon agues, etc.

Whether tonic medicines, which act chemically, are restorative or catalytic, it is probable they must enter into and take part in the cell-life, whether of the blood or the tissues.

Modern researches, especially those of M. Briquet, into the physiological operation of quinine, go to prove that its special influence is exerted on the nervous system, and that in large doses it depresses rather than excites the principal functions of that system. It is therefore conceivable that if a new form of life has been produced in that system by the operation of a malarious poison, or by any other cause, such an agent as quinine may alter and destroy it. At a certain hour in the day nerves begin to ache, and the pain continues for several hours, and then subsides. There must be either in the periphery or in the central termination of those nerves, some new development of nerve life. Large doses of quinine are swallowed, and the pain appears with diminished force, and in time departs.

Without pursuing any further speculation on the modus operandi of these medicines, which are at once tonic, anti periodic, and anti-neuralgic, I now proceed to observe that quinine appears to me to be of all remedies that which is most extensively and constantly serviceable in headaches, whether strictly nervous, or neuralgic. It at one time helps to remove that irritable condition of the nerves, which makes them take offence at any thing unusual in the degree or kind of cerebral action, or at what is occuring in distant organs, and at another in distant organs, and at another time it proves subversive of that very condition of nerves in which the paroxysm of pain consists. It would be less frequently productive of disappointment were it given more liberally and more unflinchingly. Small doses will not avail. And we must be prepared to set aside, or to pacify the fears of our patients, who from the peculiar sensations in the auditory nerves are beset with phantoms of plethora and apoplexy.

If the case has been of recent origin, three grains of quinine thrice daily will usually be a sufficient dose. But if it has been of long standing we must double this quantity, in some instances ten grain doses must be administered thrice in the day.

Many substances may be advantageously combined with the quinine in order to render it more agreeable to the stomach, especially sedatives, such as extract of hemlock as being more convenient, and less disturbing to the stomach. When the liquid form is used we may add hydrocyanic acid if needful.

Other combined substances may be auxiliary to the specific influence of the quinine, as in the well known formula of quinine, compound galbanum pill, and hemlock.

Every one to whom I am speaking is familiar with that peculiar affection of the hearing which is complained of by those who take quinine in large doses. It is often, as I have hinted, so tronblesome as to deter the patient from persevering with the remedy, especially when, as is common with those who suffer headache, there is an impression on the mind that the vessels of the head are disposed to fullness. It may be a reason for moderating, but not for withdrawing, the remedy.

We have seen when considering the probable seat of the pain in headache, that the ganglionic nerves which accompany the blood vessels, and are distributed over the membranes and the substance of the encephalon, are the nerves affected. Now if one thing be more distinctly proved by observation than any other, as to the action of quinine, it is that this substance lowers the frequency of the heart's pulsations. This must be effected through the nerves which determine the rate and rhythm of those pulsations, and which are ganglionic. There is here, therefore, an analogical reason for expecting that quinine may exert a special influence on those nerves which accompany the cerebral vessels.

Next in importance to quinine, as a remedy for headache, comes arsenic. It is not surprising in endeavoring to account for its medicinal action, whether, as a remedy for ague or for neuralgia, we should think of its poisonous power, and therefore presume it to be catalytic, or destructive to some materies morbi. Whether its action is so purely catalytic, or whether it consists in disturbing and overcoming abnormal forms of growth in the tissues, is difficult to determine. But while we know that in the normal state of the body it produces only two appreciable effects on the mucous membranes, the skin, and the nervous system, we need not look further for the wonderful control which it exercises over diseases of the skin, and over obstinate neuralgic affections. The very extent of its power is an inconvenience in the employment of this substance.

The form of headache in which I have found it most efficacious, has been not so much that which springs from an excessive irritability of the cerebral nerves, as that which comes in distinct paroxysms, and at regular intervals. These are cases in which, after the termination of a paroxysm, the nervous matter grows gradually again into that form which eventuates in a paroxysm. This growth is destroyed by the arsenic. If the hypothesis of a toxic agent be preferred, an agent requiring a certain time for its elaboration, and then for its destruction in the paroxysm which it has induced, we may say that the arsenic has in some way prevented the formation of the agent, perhaps by a quasi-chemical process.

In the administration of this medicine I have preserved small doses—

three or four minims, largely diluted, taken thrice daily, and continued for periods of time varying from two to four months.

A long interval separates the degree of value possessed by these two remedies for headache, from that which belongs to any other agents. Still there are other remedies, not without importance, to which we may be driven by the idiosyncrasies of our patients. According to my own experience, the first in the class is zinc. The oxide and the sulphate have to be given for a long time before they produce any decided effect, but, the patience of the physician and of the sufferer will generally be rewarded, especially if a steady and well graduated augmentation of the dose be enforced, as the stomach becomes more tolerant of it. To eke out the time, to gain temporary advantages satisfactory to the feelings, and confirmatory to the confidence of the patients, until the more permament good has been effected, it is well to combine the zinc with some neurotic cordial. Camphor avails in one, galbanum or castor in another, or musk sumbul, and the rest of these singular nervines. But none of these combinations can compete in convenience and efficacy with that invaluable salt the valerianate of zinc. Many years before this substance was introduced, I had been in the habit of prescribing a well known combination of oxide of zinc, extract of valerian, and extract of hyoscyamus, with a degree of benefit which had often far exceeded my expectations. And I remember the eager interest with which I first observed in one of the foreign journals the announcement of the new combination of zinc and valerianic acid.

If I may venture on such a remark, I should say that, judging from the prescriptions which I have met with, this medicine is usually given in doses far too small. My own knowledge of the larger doses was, in the first instance, accidental. For a lady suffering a singular laryngeal spasm after influenza, I had prescribed a grain of valerianate of zinc in a powder (as she was unable to swallow a pill), to be taken every three hours. Six grains had been directed to be distributed into six powders, but the dispenser had sent six powders, each containing six grains. In the morning I found that the powders had been taken with marvellous benefit, and no distress to the stomach. I need not say that this accidental lesson was not lost upon me, and that I have since prescribed the medicine in bolder doses than previously.

Iron may perhaps be classed next to zinc in value. Some practitioners would place it higher. When neurotic susceptibility is conjoined with poverty of coloring matter in the blood, its value can scarcely be over praised. But even without this conjunction there are cases in which ferruginous preparations have great efficacy; but we are oftener checked

in the use of this metal when we administer it in other diseases, by complaints of the pain or distress which it excites in the head, than by any other symptoms attendant upon its use. Still every practitioner must have remarked its signal utility in cases of headache with great debility, especially when the constitution has been worn down by previous disease. The carbonate has been used more frequently than any form for the cure of strictly neuralgic headache. It is difficult to find a reason for the preference which many have given to this preparation, unless it be, that as it is very partially soluble, and is therefore given in large doses, it enters the system in very minute quantities at a time. Perhaps, as it is applied to so extensive a surface in the gradual travel of its large quantity through the tube, more may eventually enter the blood than when a small dose of more soluble salt has been taken.

Of copper I have very little experience as a remedy for cephalalgia. I have used it in the form of ammoniuret, as in epilepsy, but with no very decided results. Were I pressed for a new agent, or a new combination in some very refractory case, I should try small doses of the sulphate of copper, in combination with quinine as in Sir Henry Halford's favourite combination for epilepsy.

Nickel was first brought before the notice of the profession by Dr. Simpson. He one day introduced me to a gentleman who had been a sufferer in an unusual degree, and for a long time from headache, and in whom sulphate of nickel had been of more avail than other remedies, but I did not learn what those other remedies had been. I have since then employed it in several cases, and I think always with some benefit; the dose has been a grain thrice daily.

It is highly probable that all the metals have more or less control over those new forms of neurotic life in which nervous diseases consist, and we may yet add some shafts to our quiver, tipped with selenium, cerium, and cadmium, to which Dr. Simpson has directed the attention of the profession.

When speaking of quinine, I ought to have remarked that beeberine in larger doses, has seemed to me to act in a manner very similar to that of quinine.—*Virginia Medical Journal.*

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II. *Observations on Scarlatina.* By Professor Trousseau.

The following are some of the most interesting points in M. Trousseau's clinical lectures upon scarlatina:

Scarlatina varies in form, appearance, and intensity, to an extent witnessed in no other exanthem. Variola is always variola, whether benign,

distinct, or confluent; and to be recognized constantly by its characteristics. Measles observes always pretty much the same course, its diagnosis being simple, and its complications capable of being provided for. In scarlatina there is nothing fixed or regular, and its concomitant or consecutive accidents are foreseen with extreme difficulty. Years may pass without a single death resulting from the disease, when an epidemic may arrive which will commit greater ravages than cholera or typhus. Nothing of this kind is observed in variola or rubeola. There occur indeed from time to time, epidemics that are more fatal than others; but in the most innocent of these there are always found in bad cases of variola; while even in those which are most destructive, slight cases are met with. Scarlatina takes on a character of benignity or malignity according to the genius of the prevailing epidemic.

The eruption appears in some patients four or five hours after the fever of invasion has set in, and does so very rarely after the first day. The cases in which the eruption is said to appear only on the third day must be quite exceptional, and are mostly to be explained by the defective examination of the practitioner and friends. It is generally on the face that we seek for the first manifestation of an eruption, and it is there we find it in rubeola or variola; but in scarlatina we should search for the earliest traces on the trunk, the belly, and bend of the thigh. It may be found there thirty-six hours before it exhibits itself upon the face and neck, and hence a cause of error in the date of its appearance.

The fever of invasion is very acute, and accompanied by a rapidity of pulse met with in no other exanthem. Before many hours have passed the patient complains of the throat; and if care be not taken this affection of the throat may be mistaken for a simple angina, and the treatment adopted for it may be highly injurious in scarlatina. When the malignant form of scarlatina prevails, while the pulse in the adult rises to 130° or 160° on the first day, nervous phenomena appear, such as excessive agitation, utter insomnia, and subdelirium. Such symptoms as these are met with in very few inflammatory affections of the throat, and are very seldom observed at the onset of other pyrexiæ: so that from the very first the scarlatina exhibits all its malignity:—this malignity of the first day being such that individuals may succumb before twenty-four hours have elapsed. In cases like this, the young practitioner may be taken off his guard, and may be led into giving a too favorable prognosis. Suspecting the advent of scarlatina and being present at its onset, he may promise a speedy subsidence of the violent fever on the appearance of the eruption. All prognostications in this disease must be made with the greatest reserve.

The duration of the eruption is very uncertain, bearing, in this respect no analogy to that of variola and rubeola. Commencing on the first day, it may still be very vivid on the twelfth or fourteenth, although generally it becomes paler towards the eighth or ninth. In simple cases it lasts five or six days only. It is by no means so uniform and constant in character as represented in books. When severe and confluent it has the appearance of a tincture applied to the whole surface, but in the more simple cases it consists in a multitude of minute, round, red points completely separated from each other, and differing entirely from the spots in measles. The peculiar red rash of scarlatina is also accompanied by a miliary eruption, which, even when not visible to the naked eye, feels to the touch like shagreen. It consists in minute vesicles, which in thirty-six or forty-eight hours become filled with a lactescent fluid, and is very seldom absent in confluent scarlatina. If we examine a scarlatina eruption with a magnifying glass, we may be easily convinced it is not of one uniform color as in erysipelas, but consists in elevations that resemble an excessively close eczema.

It is the tongue, however, which presents the most specific appearance in scarlatina, and is, perhaps, as special as is the eruption in variola. The first day there is nothing peculiar about it, but the next, if the patient has been sick, it is of a deep green or yellow color, the point and edges being of an excessively bright red. When there has been no vomiting, it is of a milky white at its posterior part. Towards the third day the redness still further increases, and from the fourth to the fifth all the pasty appearance disappears. The tongue, now of a scarlet red, is swollen, painful, covered with projecting papillæ, and peels by friction. Towards the seventh or eighth day it becoms smoother, but preserves its redness. By the ninth day the epithelium becomes evidently produced, but the tongue scarcely recovers its normal appearance before the twelfth day.

M. Trousseau protests against the doctrine usually laid down, that when the eruption is vivid and comes out well, the patient runs less risk of suffering from the various morbid phenomena. On the contrary he declares it to be a law in scarlatina as in the variola that the gravity of the cases is in direct proportion to the intensity of the eruption. In distinct variola life is in as little danger as in scarlatina with slight eruption; and the issue of a confluent variola is surrounded by as many perils as in that of a confluent scarlatina, in which the entire skin is of a vivid red. The more intense the eruption, the more serious are the symptoms, and the more guarded should be the prognosis.

The sore throat of scarlatina forms one of the most difficult subjects of

pathology. It is easy enough to describe its ordinary appearances, whether in the grave or the simple form, but there is sometimes a form met with of the most formidable character, which sets all provision at defiance. The patient may have seemed to be going on very well, the fever having abated, and the rash disappearing, so that the most favorable prognosis has been delivered, when towards the eighth or tenth day of the disease there appear swelling at the angle of the jaw, neck, and sometimes face, abundant stinking sanious discharge from the nares, sudden enlargement of the tonsils, great frequency and smallness of the pulse, delirium, coma, coldness of the surface—the patient gently expiring at the end of three or four hours. The nature of this affection is quite obscure, although it is probably referable to diphtheritic complication. In this form, where the angina comes on at the eighth or ninth day, M. Trousseau does not remember a single instance of recovery: while even in the gravest form of angina, commencing with the disease, and reaching its maximum form, from the fifth to the eighth day, it is scarcely ever fatal.

Desquamation commences where the eruption ceases; as for example at the cervical region on the sixth day, and on the trunk on the seventh, and it lasts about fifteen days upon the arms and legs. Its characters are best marked on the hands and feet, and it is useful to bear this in mind. On the trunk, the squamæ may vary in size from two to three millimetres to one or two centimetres in diameter; but on the legs and arms where the epidermis is thicker, they may attain four or five centimetres. They are detached in large plates, as after erysipelas and phlegmon, the desquamation never taking the fine furfuraceous appearance as in measles. To see the latter we must look closely, or even detach the minute exfoliation by friction with the sleeve of a black coat. In scarlatina the squamæ are far more manifest, and cannot be mistaken.

Speaking of the accidents which may attend this period of the disease, M. Trousseau first alludes to the affections of the nervous system. The patient having entered into full convalescence, he suddenly becomes seized with vomiting as at the commencement, great agitation, and extraordinary frequency of pulse, death being preceded by convulsive or comatose symptoms. This terrible state of things may come on when you are quite at ease as to the issue of the disease; and that without any consecutive anasarca, albuminuria, hæmaturia, or other circumstance having happened to explain this fearful state to which children as well as adults are liable—so careful, should we be in prognosis in an affection like scarlatina, which cannot be regarded as cured until long after all morbid manifestations have ceased, death in the course of a few hours being still

even possible during convalescence. These nervous accidents coming on during the desquamatory period, are a hundred times more dangerous than those met with at the commencement.

Anasarca is especially observed in the medium form of the disease, and affects not only children who have been exposed to cold or other imprudence, but those who have been watched over with the most anxious care. So rapid is the infiltration in some cases, that within twenty-four hours the swelling may occupy the entire body, and attain a size not met with in chronic diseases, affections of the heart, or nephritis. In other cases it is limited to the face and extremities. Although it is true that children usually recover from this anasarca by the aid of hygienic measures alone, it is no less so that on some occasions they die. Pain in the head and confusion of vision are complained of, and then convulsions are imminent. These may sometimes be warded off by seating the child with his head erect and his legs hanging over the bed, and administering a smart purgative. Generally, however, the attack of eclampsia is not to be prevented, and death may soon follow, not indeed the first time, although that is not very rare, but after several attacks following each other at short intervals.

Hæmaturia is an extremely common occurrence, but it is generally overlooked. When the blood is discharged pure, or only slightly changed by the acids of the urine, giving a blackish color to the fluid, no mistake may be made; but when it is emitted in small quantity, and the urine is only of a rose color, it will be probably overlooked. It may be detected by the precipitation of globules after long standing, and by the enormous quantity of albumen the urine contains. This is the albumen of the blood, and is not precipitated white, as in Bright's disease, but of a deep brownish color.

Among the less known complications of scarlatina may be mentioned pleurisy and pericarditis. What is very remarkable, is that a pleurisy coming on at the decline of the disease takes on at once a malignant aspect, not only in the fact of the abundance of the secretion that follows, but by the rapidity with which it assumes the purulent form—by the eighth or tenth day from the commencement of the effusion. Suppuration does not take place quite so rapidly in the pericardium, which too, is implicated seldomer and at a later period than the pleura. It is to be remembered that rheumatism is of extreme frequency during the convalescence of scarlatina, which will explain why pleurisy and pericarditis are by no means uncommon. It is a curious fact that the rheumatism, notwithstanding the essentially malignant character of the exanthematous pyrexia, is of no great gravity, and may be cured without therapeutical

intervention. Still, occasionally here, as in puerperal fever, we sometimes observe the most terrible form of rheumatism, which may be termed the suppurative form.

Bearing in mind the tendency of the exanthemata to run a fixed course, if scarlatina exhibits no serious accident, the less we do, the better we shall treat it. All practitioners are agreed that the antiphlogistic treatment, as bleeding, active purging, and starvation, is more likely to prove injurious than useful; and even when really inflammatory affections supervene in the course of the affection, such as local phlegmasia affecting the tonsils, the lymphatic glands, or the cellular tissue, antiphlogistics still fail, probably on account of the septic character of the disease. All admit, however, that mild laxatives, producing two or three stools a day, are of use in moderating the violence of the febrile action.

During the acute period of the disease, when the patients die, they seem to succumb to the great modifications exerted on the nervous system. These may be manifested by the extraordinary heat of skin (produced, according to Bernard's experiments, through altered action of the splanchnic nerves), excessive vomiting or diarrhœa, delirium, coma, vigil, or convulsions. In such cases, experience has amply confirmed the utility of the employment of cold affusions, as recommended by Currie. To put this bold treatment into practice, however, the practitioner must have arrived at such a point as to be able to make light of public prejudices and patients' fees. The treatment is not applicable to mild cases, for which mere expectation suffices, but only when the disease threatens to prove fatal, so that of three children thus treated, we may still lose two. For a long time past I have employed these affusions, first in my private practice, and then at the hospital; for I have never yet done anything in my life without having first tried it at my own risk and peril. I declare to you that I have never had recourse to them without deriving some benefit; and, so far from the affusions having ever done mischief, even when they have not saved the patient, they have moderated the accidents and retarded the issue.

In acting thus in private practice I certainly ran great risks, and I have often been ill recompensed for fulfilling my duty with this rigor. Still I have done it, and I continue the practice now that I have no more to fear, and I am getting old, and my position is established, and I can assume a responsibility that alarms me no longer.

As, however, the incurring such responsibility may entail a destruction of prospects that a young practitioner fears to risk, he may still, to a certain extent, follow out the treatment he knows to be best, while seeming to fall in with the public prejudices. Thus we may employ cold affusions

in reality, although the friends of the patient believe them to be warm. Scarlatina, especially when malignant, is the disease of all others in which the temperature rises highest—to 41° C. in the axilla, for example. In case of affusions we apply lotions, at a temperature of 25°, which is an extremely cold temperature for a scarlatina patient, seeing that a difference of 15 or 16° exists between the surface of the body and the water applied to it. The patient being placed naked on the sacking, you pass a sponge, wetted in water at this temperature (which the friends regard as hot), very rapidly over the whole surface, and then, without drying the body, return him to bed and cover him up. An hour after, the skin is found less arid, its heat less mordant, while there is a diminution in the frequency of the pulse. The other nervous symptoms also abate. After a very limited period, as two or three hours, the same group of symptoms appear, sometimes just as before. We must then repeat the lotions or the affusions, and so go on two, three or four times a day, during five or six days in succession. As to the eruption itself, it is almost invariably found to be more vivid after the application; so that the friends, witnesses to the amelioration of the symptoms produced, urge the repetition of the lotions as long as peril continues.

Together with the affusions some internal remedies may be employed, foremost among which is carbonate ammonia, given in quantities of from 30 to 50 grains per diem. Of musk, 3 to 6 grains are sufficient, though as many as 15 may have to be prescribed.

In the great majority of cases of scarlatina maligna there is nothing to be done for the throat itself, M. Trousseau having tried all the various means that have been recommended without benefit. Of all these he attaches the most importance to the careful application of hydrochloric acid. As to the form of angina which comes on about the ninth or tenth day, and is attended with diphtheritic complication, all local measures are useless, our chief aim being to keep up the powers by stimuli, food, and quinine.

The anasarca, when not extensive, is best treated by rest in bed, tepid drinks, and moderate diet. When the urine is bloody, acid drinks, uva ursi, mixed with syrup of turpentine, digitalis and gentle laxatives, speedily produce relief. When the hemorrhage is considerable, sulphuric acid and tincture of rhatany should be employed. When the anasarca is very extensive, and rapidly produced, convulsions usually occur, and death often follows. In this case we should give active purgatives, and keep the patient with his head erect, and his legs hanging down. Scarification, or large blisters, may also be applied to the legs. When the convulsion comes on, musk, with a small proportion of belladonna, should

be given. Another means M. Trousseau has frequently found the advantage of during the last twenty years, is compression of the carotids. When the convulsion especially affects one side, the compression should be especially made on the opposite carotid ; while, when the convulsion is nearly equilateral, it should be made, first on one carotid, and then on the other ; or, if it does not produce too much obstruction of respiration, on both at the same time. The compression should be continued for fifteen or twenty minutes on each artery, and as its maintenance is irksome, we should have the aid of an assistant, or instruct the friends in its performance. As soon as the acute accidents have disappeared, the eclamspia and the hæmaturia, which usually precede or accompany the anasarca, having passed away, we should give gentle diuretics, especially nitrate of potash and digitalis, giving at the same time, as recommended by Graves, iodide of potassium in large doses. But the anasarca and albuminuria of scarlatina, which are usually cured in two or three weeks in certain cases only form the first stage of Bright's disease ; and we must always distrust a case when we find the albuminuria continuing after the acute symptoms have subsided. With respect to the pleural and pericardial complications which are met with at or about the same time as the scarlatinal anasarca, they are best treated by blistering and puncture of pleura or pericardium. But it will be always found that, at the end of ten or twenty days, the effusion is converted into a lactescent or purulent collection. By means of iodine injections we may be still enabled to cure this dangerous complication in children, but we shall strive in vain to relieve it in the adult.—*Gaz. des Hôp.*

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*Anchylosis of the Stapedio-Vestibular Articulation, (the base of the Stapes and the Fenestra Ovalis) associated with Rheumatism and Gout ; with an Account of* 136 *Dissections of the Disease.* Read before the Royal Medical and Chirurgical Society. By Mr. Toynbee of London.

The author commences his paper by showing that there is a distinct joint between the circumference of the base of the stapes and the inner surface of the fenestra ovalis, and that this stapedio-vestibular joint (perhaps more constantly used than any other in the human body) is very subject to be affected with rheumatic gout (rheumatic arthritis), producing in various stages of its progress various degrees of deafness. For the better elucidation of the nature and treatment of rheumatic arthritis in the stapedio-vestibular articulation, the author commences by making some general observations upon the subject of rheumatism and gout, the results of

which may be thus briefly stated. He considers the poisons of gout and rheumatism to be thus far identical in their nature, that they both consist of an excess of the nitrogenous element of the blood, and that this nitrogenous element in the case of rheumatism is fibrine, and in that of gout albumen. The view that the element in the blood causing rheumatism is fibrine in excess, is supported by the following facts:

1. That this fibrine is found in so great excess in the blood of rheumatic patients, that Lehmann asserts that of all diseases the fibrine is in general increased in the largest proportion in acute articular rheumatism and pneumonia.

2. That this excess of fibrine also manifests itself by the excess of urates eliminated from the blood in patients with the so-called rheumatic diathesis.

3. That attacks of acute rheumatism come on cotemporaneously with the inability of the system to use the excess of fibrine in the blood, and to eliminate the excrementitious urates.

4. The attack of rheumatism is produced by any cause which prevents the conversion of the fibrine of the blood into the fibrinous elements of muscles and other fibrous organs, and the due elimination of the urates.

5. In cases of acute rheumatism, the excess of fibrine in the blood finds an outlet in fibrinous effusions, while in chronic rheumatism it finds an outlet in hypertrophy of the fibrous structures.

6. All curative measures for rheumatism do good in proportion as they cause the excess of fibrine to be eliminated in the form of urates or consumed in the process of assimilation.

7. All preventive measures in rheumatism consist in the use of dietetic or other hygienic rules, whereby the entrance of an excess of fibrine into the blood is prevented, or when it is introduced that it may be assimilated and the effete matter eliminated as urates.

That the nitrogenous element in the blood which causes gout is albumen in excess, is indicated by the following facts:

1. Whether known to us as globuline, gelatine, chardine, gluten, etc., the textures containing albumen are those implicated in gout. These textures may be divided into four classes: as the blood cells containing globulin, cellular, mucus, and purely serous membranes containing gelatine, the cartilages containing chardine, and the cartilage of bone, gluten.

2. That globulin, the coagulable matter of the blood cells, is more abundant in plethoric gout, and that one source of the increased quantity of uric acid in the blood of some gouty patients may be ascribed to the increased quantity of globulin in the blood.

3. The food inducing an attack of gout is usually peculiarly rich in albumen.

The analogies and differences between gout and rheumatism are thus presented in a tabular view :

GOUT.

Causes :

1. *Predisposing*—An excess of the nitrogenous element of the blood probably albumen, from the use of too highly nitrogenous, or from mal-assimilated food.

2. *Exciting*—The sudden addition to the blood of so large a quantity of albumen, that it can be no longer assimilated, and becomes a poison ; or any circumstance, as fatigue, which prevents this assimilation, and consequently the elimination of the urates. The effort to rid the system of all poison constitutes the attack of gout.

Seat—Vesicular tissue.

1. *Cellular tissue*—As bone, cartilage, or cellular membrane.
2. *Mucous membrane*—As the lungs, liver, stomach, kidney, etc.
3. *Serous membranes*—As pleura, peritoneum, arachnoid, synovial membranes, etc.

RHEUMATISM.

Causes :

1. *Predisposing*—An excess of the nitrogenous element of the blood, probably fibrine, from the use of too highly nitrogenous, or from mal-assimilated blood.

2. *Exciting*—The sudden additiom in the blood of a large quantity of this element. or any circumstance, as the application of cold, which prevents the assimilation of the element, and the elimination of the urates. The violent effort made to rid the system of the poison constitutes an attack of acute rheumatism.

Seat.—Fibrous tissue :

1. *Muscular fibre.*
2. *Hard fibrous tissues*—As tendons, aponeuroses, fibrous visceral envelopes, as the fibrous layer of dura mater, pericardium, synovial, and other serous membranes.

The author then shows that in the disease properly called rheumatic gout, both fibrous and vesicular, otherwise named fibrinous structures, are affected, and he is thus led to consider the diseases of the stapedio-vestibular articulation, in which both fibrous and vesicular structures are affected, as constituting what is called ordinarily rheumatic arthritis, or rheumatic gout. The author then proceeds thus to describe and classify

the 136 dissections laid before the society, of rheumatic gout causing anchylosis in the stapedio-vestibular articulation.

In 49 cases there was simple expansion of the articulating border of the base of the stapes; in 20 there was expansion of the articular border of the base of the stapes, with calcareous whiteness; in 25 there was expansion of the whole of the base, and effused bone connecting it to the vestibule; in 21 there was osseous matter effused between the stapes and the fenestra ovalis, producing simple anchylosis; in 12 there was osseous matter effused around the fenestra ovalis. In addition to the above 136 specimens of bony anchylosis, the author alludes to 53 dissections of membranous anchylosis, the particulars of which had been previously laid before the society; in the latter cases the ligaments of the stapedio-vestibular articulation had become more rigid than natural. The author states that rigidity of the ligaments, which is the usual morbid condition in cases of deafness in advancing years, may, as a general rule, be diminished.

In speaking of the diagnosis, the author states that there is usually what is called the uric-acid diathesis. Frequently the patient has had an attack of rheumatism, gout, or rheumatic gout, but the only symptom from the ear is gradually increasing dullness of hearing, usually worse during a cold, the adapting power of the ear being the first to be diminished. There is usually an absence of the distressing noises present in debility of the nervous apparatus of the ear. The mucous membrane of the fauces and nose is congested and tumefied, the membranous meatus auditorius is also red and often tumefied. The osseous walls frequently present rounded bulgings. The membrana tympani is often opaque and dull on its surface. Respecting the prognosis.—If the ligaments only are affected, as they are in the earlier stages of the disease; or if the circumference of the base of the stapes be merely slightly expanded, considerable benefit may be obtained by persevering treatment. This treatment consists in the use of general remedies, whereby the poison of rheumatism and gout is removed from the blood, and in the local application of counter-irritants. In the latter stages of the disease, when bony anchylosis has taken place, no benefit can be attained further than the removal of the symptoms arising from congestion. The paper concludes with a recital of cases illustrative of the disease, with details of the pathological condition found in some upon dissection.—*Virginia Medical Journal.*

*The Dignity of the Medical Profession.* By T. H. Chivers, M.D., of Decatur, Ga.

From the most remote times, in fact from the *Berashith* of the pre-adamite Sultans, (the word Sultan having been derived from the Hebrew *Sauletaun*, which signifies the *wide-ruling*,) the medical profession has been held in the highest estimation by all classes of persons. In the most ancient times the physician was the only *true* man—the only Theologian—Theology and Medicine being the same thing—embalmed as they were in the sweet spices of Antiquity. We are told in the *Sacred Oracles* that God is a physician. "*I, Jehovah, am thy healer.*" It is, therefore, obvious that the only *perfect* image of God is the *true* physician.

According to Josephus, Philo and Solinus, the Egyptian High Priests, were the only true physicians, from which arose the succeeding sect, the *Therapeutæ*, or *Essencs*, which is the English translation of the Egyptian word which signifies *Surgeon*, *Healer*, and *Curate*, vulgarly called *Doctor*.

The learned Jesuit, Nicolaus Serarius, contends that they were Asideans, derived from the Recabites, mentioned in the thirty-fifth chapter of Jeremiah. Eusebius informs us that the monastic life was derived from this sect. In Matthew, xi : 23 ; we are informed that Jesus himself belonged to the sect of the *Essenes*, the *Therapeutæ*, *Healers*, or *Doctors*—hence he is called, in the New Testament, "*The Healer of us all.*" The ancient Druids were of the same order, calling the mistletoe by the same comprehensive name.

According to Moshiem, the great Church historian, they had their origin in Egypt, therefore, existed before the coming of Christ—proving that the dignity of the physician is of the very greatest antiquity, hallowed, glorified, and made immortal by Christ, having crowned himself with the same consecrated name—the most beautiful ever uttered under Heaven. *Bind it about thy neck, write it upon the tablet of thy heart*, that Christ was called a physician.

The greatest library that the world ever knew was that at Alexandria in Egypt, made out of the learning of the *High Priests*, *Therapeutæ*, or *Physicians*—the great professors in the most ancient university in that city. Here were stored away the most valuable manuscripts of Papyri —the *Codices Alexandrini*. Here were the first Bishops. In those days the professions of Medicine and Divinity were both combined in one person, indissoluble, inseparable.

The *Therapeuts* or *Essenes*, as their name signifies, were *Professors of the art of healing*, whose professions embalmed their names in the

sweet conserve of the most reverent sanctity—hence they were called *divines*—the people all believing that their power of healing was a *direct gift from Heaven.*

These physicians, on this account, were all called *Apostles*—as St. Paul was a long time afterwards—that is the *Prime Doctor*—the *Physician* or *learned* Man as the word *Doctor* signifies.

This is the reason why the *Apostolici* and the *Apotactici* were considered synonymous. Eusebius calls the Apotactical Therapeutics, Apostolical. They were also called *worshippers*, of whom Philo wrote the life—hence they were called *Apostolical men.* Christ describes his apostles as *members* of this *sacred order* of physicians: "*They are not of the world, even as I am not of the world.*"

All diseases, at this early morning of medical knowledge, were attributed *not* to *natural*, but *supernatural* causes—hence the cure of these same diseases was at the same time, not attributed to *natural* but *supernatural* powers. When a man became afflicted with a fever, he was said to be "*possessed with a demon*," which could only be expelled out of his body by *Leucomancy* or *White Magic*—driving off the *Necromancy* or *Black Magic*—by which the person had become afflicted. The *White Magic* consisted of *prayers*, *fastings*, and *baptisms*, the only medicines then considered capable of casting the *Devil* out of the body of a man. This is the origin of the word *charm*, which is synonymous with "*sacred writings*," or *God's-spell*, now called *gospel.* From this it is very easy to see, that the ancient physicians were not only "*holy men*," but, as Eusebius in the seventeenth chapter of the second book of his history informs us, *the original writers of the first gospels.*

Moshiem says, that Philo the Jew, who belonged to the *Therapeutæ*, *Essenes, or Doctors of the Eclectic Philosophy*, informs us, that their doctrines were in a "flourishing state during the life-time of our Saviour on earth." Lactantius, also, informs us, that the *Eclectic Philosophy* of the *Essenes*, was the same as Christianity—proving that the ancient physicians were really *Apostles*, or *Prime Doctors.* The word *Essene* is the Egyptian, as that of *Therapeut* is the Greek, for physician—the word *Ecclesiastic* signifying the same thing, that is, being *called out* to the holy service and honor of God—the *Eclectics* being those who had gathered together as is recorded in *Philippians*, iv., 8: *Whatsoever things are true, whatsoever things are honest, whatsoever things are just, whatsoever things are pure, whatsoever things are lovely, whatsoever things are of good report—if there were any virtue, and if there were any praise.*" This shows that the ancient physicians were held in the highest repute of any people in the world. The following passage in Matthew,

v., 3 : is the very language of the Therapeutæ : " *Blessed are the poor in spirit, for theirs is the kingdom of Heaven.*" The same thing was taught by the poet Menduder in the following language : " *We ought to consider the poor as especially belonging to the gods.*"

In proof of what I have already said, namely, that the *Essenes*, *Physicians*, or *Doctors*, were the most learned, respectable and noble body of people that the world ever knew, I would refer you to the *sayings* in the *New Testament*, evidently derived from them—the authors of the *Egyptian Scriptures*—one of which may be found in John, xiv., 2 : " *In my Father's house are many mansions*," *or* MONASTERIES.

In Corinthians, xv., 29 : may be found the following passage : *Else what shall we do, which are baptised for the dead, if the dead rise not at all? Why are they baptised for the dead?*"

Here is a palpable reference to some ceremony which had taken place antecedent to the time of the writer, *the ceremony of the* " *baptism for the dead.*" This was undoubtedly the ceremony of the *Egyptian Therapeuts*, as any body, who is acquainted with the religious rites of the Egyptians, *must* know. The offerings of the dead were most assuredly Egyptian.

The pass-word of the vigilant *Euchrates*, or monks of ancient times, was, " *watch and pray*," which was the religion of the *Therapeuts, or Physicians.* That passage in which John is described as "*preaching in the wilderness*," proves *most positively*, that he was one of this order. So of the wonderful "*fasting*" of the old woman Anna.

There is, in the following passage, proof positive that there existed, during the time of the Apostles, those *Prime Doctors* of whom I have been speaking—namely, *Eclecticists*, from whose *sacred writings* the Scribes were then in the habit of making extracts—those *divine sayings* which could not have been written by any others than the *Egyptian High Priests*, *Essenes*, *Therapeuts*, or *Physicians.* " *Every Scribe instructed in the Kingdom of God is like unto a man that is a householder, which bringeth forth out of his treasure, things new and old.*" Qui profert de Thesauro suo nova et vetera.

This proves that there were *sacred writings* anterior to the time of the Scribes—that is, the *Arcana Imperia* of the *Therapeuts* or *Physicians*—showing at the same time that the *Alexandria Doctors* were the authors of the most beautiful doctrines that ever adorned the renovated world. Beausobre informs us, that at the head of the scriptures stand two gospels, *that according to the Hebrews*, and that ACCORDING TO THE EGYPTIANS—which settles the matter at once.

That this *gospel according to the Egyptians*, was the writing of the

*Therapeuts* or *Physicians*, can be proven by the *esse* of the doctrine itself.

"*The setting forth in order*," mentioned in the scriptures, shows that the Scribes were engaged in the work of *Eclecticism*. This is most certainly the origin of the *Gnomologue*, as is proved by what St. Paul says about "*the form of sound words, the doctrine*, &c. &c."

The word Nazarene is precisely of the same import as *Essene* and *Therapeut*. This is the reason why it is said in Scripture, that Christ "*should be called a Nazarene*"—because the doctrine which he taught was *precisely, in essence*, that of the *Essenes*, *Therapeuts*, or *Physicians*.

The fact is, in Egypt the kings were all priests, and the priests were all *Essenes*, *Therapeuts*, or *Physicians*. The same may be said of the ancient Greeks. Thus Anius was *King* of Delos and *Priest* of Apollo. That they all belonged to the *sacred order* of the *Therapeuts*, or *Physicians* is proven by their holy office—that is, that they should all be *upright in mind, pure in heart, perfect* (*apheleis*) *in body*.

These are the people who strewed the *agnus castus* under their beds, that they might live a life of chastity.

Æsculapius was the *god of medicine*, whose Phœnician origin shows that he belonged to the *sacred order* of the *Therapeuts*, or the *Society of Healers*.

It was believed that he was so skilful in medicine that he would not only cure the sick, but raise the dead. It is also stated that his skill was so great that Pluto cited him, before the Tribunal of Jupiter, under the complaint that his power was about to render his empire totally desolate, when Jupiter, in his wrath, slew him with a thunderbolt. After his death he received divine honors.

Marinus, a scholar of the philosopher Proclus, in the life of his master, says, "I might relate very many Theurgic operations of this blessed man; one, out of innumerable, I shall mention, and it is wonderful to hear. Asclipigena, daughter of Archiades and Plutarcha, and wife of Theagenes, to whom we are much indebted, when she was yet but a young maiden, and lived with her parents, was seized with a grievous distemper, incurable by all the physicians. All help from them failing, as in other cases, so now in this also, her father applied to the sheet-anchor; that is, to the philosopher, *as his good Saviour*, earnestly entreating him to pray for his daughter, whose condition was not unknown to him. He, therefore, taking with him Pericles of Lydia, who was a philosopher and worthy of that name, went to the Temple of Æsculapius, intending to pray for the sick young woman to the God; for the City of Athens was, at that time, blessed in him, and still enjoyed the undemolished Temple

of the SAVIOUR. But, while he was praying, according to the ancient form, a sudden change appeared in the maiden, and she immediately became convalescent, for the SAVIOUR, as being God, immediately healed her."

Here, the attentive student will have perceived that Æsculapius was called by the same title as the Messiah—THE SAVIOUR—proving that the Messiah not only endorsed the dignity of that *Sacred Order*, but "magnified the office" of the physician. This shows that Physicians, in ancient times, were held in such high estimation that they were called SAVIOURS. Sir John Marsham, as Bryant, in his *Annotations*, informs us, had a coin of the Thasians, on which was the inscription (Heracleous soteros) of "HERCULES THE SAVIOUR."

The Orphic hymn, in speaking of Hercules, says, "Bringing all lenitives of our diseases—this constituting his twelve immortal labors—one for every month in the year—for is not his name synonymous with that of the Sun? Was he not the Sun himself?"

Parkhurst, in his Hebrew Lexicon, shows us that the Hebrew word "*mauzem*," which signifies PROTECTORS, is from the root "*oz*," *strength, vigor, &c.*

The Messiah was called THE SAVIOUR OF THE WORLD, because he was its physician—"*The healer of us all*"—being the express IMAGE of his Father, who in the majesty of his greatness exclaimed, "I, JEHOVAH, AM THY HEALER."

Pythagoras, the Samian Seer, was called *divine*—"*The Son of God*"—because of the "*beauty of holiness*" which shone forth out of his soul in the brightest light of a life of purity in his active wisdom among men—teaching them that *temperance* and a *pure diet* were the best safeguards against all diseases.

Christ was a divine physician—the most perfect analysis of the synthesis of God—curing most of the diseases of the sin-sick soul by *psychological* laws. The use of physical agents, with him, was only a *formula* whereby to dignify the profession of the Physician. The sanative powers which he possessed, were the result of a clairvoyant intuition into the relations subsisting between the *psyche*, the *soma*, and the *pneuma*—that is, the *soul*, the *body*, and the *spirit*. In the cure of mental diseases it was necessary for him to have understood this *tripartite* nature of man—which he did—in his normal as well as abnormal conditions. As the relations subsisting between the *psyche*, and the *pneuma*, which constitute the *inner man*, are manifested *internally*, the agents which he used were, of course, *spiritual*.

This will unfold to us not only in what estimation the Physician was

held in the most ancient times, but reveal to us the sacred dignity of his calling—which should inspire every one engaged in the study of the profession with a tireless emulation.

It is, therefore, obvious that the profession of medicine is the crowning glory of all the sciences.—*Oglethorpe Medical and Surgical Journal.*

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*Report on the Progress of Infantile Pathology and Therapeutics;* prepared for the *New York Journal of Medicine.* By A. Jacobi, M.D., Physician to the Children's Department of the German (Canal-street) Dispensary of the City of New York.

I.—DIGESTIVE ORGANS.

1. *New operation for hare-lip* (*London Lancet*, Am. ed., 1858, p. 413).—Allen Duke operated on four children, whose ages varied from six weeks to five months, in the following manner: "the edges pared, not in the usual way, but by an oblique incision from before backwards, slightly concave, and the reflecting bands of mucous membrane, freely divided, are to be brought neatly together by two or more sutures, each armed by two curved needles, which are to be introduced immediately under the skin, carried completely through the remaining thickness of the lip, and firmly tied *internally*. To facilitate the removal of the two upper ones, the ends of the sutures should be brought out at the angle of the mouth, and secured externally by adhesive plaster, strips of which are to be applied the more firmly to bring and retain in contact the skin. The sutures may be safely removed in the course of a few days. Should there be a fissure of the jaw, and any portion unnaturally project, it should not, as is usually recommended, be entirely cut off, but partially severed, the edges pared on both sides, and neatly adjusted by sutures, in order to fill up the vacancy, and preserve the natural rotundity of the forepart of the jaw, previously to operating on the soft parts."

2. *Death by suffocation after the operation for hare-lip.*—Professor Busch, in his book on "Surgical Operations" (1854), directed the attention of the profession to the fact, that infants, accustomed to breathe while the mouth is closed, through the large abnormal opening, keep the mouth closed also after the operation is performed, and are subject sometimes to fits of suffocation. Such a case is reported by Prof. Volkman (*Monatsschrift für Geburtskunde und Frauenkrankheiten*, 1858, No. 5, p. 353), which resulted in the death of a boy of one year of age. Dr. Gurlt has seen similar cases.

3. *Atrophia.*—Dr. Küttner, of Dresden, publishes (*Journal für Kind.*, 1858, March and April, p. 184), some valuable remarks on what he

prefers to call dystrophia of infants. Genuine dystrophy, pædo-dystrophia, pædatrophia, is the low state of nutrition and the general exhaustion, which are caused by insufficiency of food, either as to quantity—simple dystrophy—or as to quality—dyspeptic dystrophy. This genuine dystrophy differs much from the cases of emaciation and exhaustion which are merely symptomatic, and the secondary consequences of some local affection of the digestive or respiratory organs, or of syphilitic or tuberculous, etc. dyscrasies; in dyspeptic dystrophy the author recommends, as a tonic and stomachic, eight to ten drops of Malaga, Hungarian, or port wine, to be taken three or four times a day.

4. *Atrophia in consequence of chronic intestinal diseases; atrophia enterica.*—Dr. Lederer, of Vienna, (*Wiener Medicinische Wochenschrift*, 1858, No. 17, p. 276), recommends the cautious use of opium in almost all the symptoms of enteric atrophy, particularly where pain and sleeplessness are injuring the strength and recovery of the patients. Sometimes warm poultices, applied to the abdomen, and warm baths, have the same favorable effect. Diarrhœa requires the use of nitr. arg., nux vom., and tann. ac. The best food for small children is breast milk, raw beef is digestible only in the beginning of the disease; carrots are more injurious than wholesome. Baths with milk, beef-tea, also the embrocation of liquid fats have a good effect.

5. *Tænia solium.*—Dr. Paasch, of Berlin, publishes (*Journ. für Kind.*, 1858, March and April, p. 207), the case of a child 21 months old, who suffered for six days from the symptoms of what seemed to be a severe intestinal catarrh, which were prescribed for. On the following morning a complete tænia, head and all, was removed with the fæces.

6. *Temporary paralysis of the cæcum.*—Prof. Clar, of Gratz, (*Jahrbuch für Kinderheilkunde und Physische Erziehung*, 1857, ii., p. 79), publishes an article, from which he draws the following conclusions:—First, a frequent cause of typhilitis and perityphilitis is the temporary paralysis of the cœcum and vermiform process. Second, therefore, a cure before the beginning of inflammation, is of the highest importance. Third, the treatment ought to be resolvent and evacuating, also subsequently stimulating the intestinal function, always having regard to the imminent danger from inflammation. Fourth, injections are important prophylactics against, and remedies for, the temporary paralysis of the cœcum, since they reach the diseased part in a quick and safe manner, and without any danger to the organism. In general, Prof. Clar warmly recommends injections in diseases of children, in order to produce effects as well on the diseased intestines, as on the intestinal contents, and on other suffering parts of the organism.

7.—*Perforation of the vermiform process.*—A. Mertens, (*Journ. für Kind.*, 1858, March and April, p. 161), publishes four cases of this disease, all of them resulting in the death of the patients. They occurred in males of 9, 18, 4, and 5 years of age. The cœcum took little or no part in the disease, just the reverse of what Copland reports to have occurred in his cases, (*Dict. of Pract. Med. Art. cœcum*). The majority of cases reported in the medical journals occur in young persons. The usual result of foreign bodies lodging in the vermiform process, is death, in consequence of a very dangerous reaction following, which fact proves by itself, that the process has a function of its own. The author is inclined to attribute to it a function analogous to that of the pancreas; it is said to complete the cœcal digestion in a similar manner, as the pancreas completes the duodenal one. He believes that he has found, on the cœcal part, bundles of circular fibres, constituting as it were an orbicular muscle. A case of perforation of the vermiform process, produced by impacted fæces, is reported also by Prof. Clar. (*Jahrbuch für Kinderheilcunde und Erziehung*, 1857, ii., p. 86). The patient was a boy of five years of age.

8. *Proposed modification of the operation for imperforate anus* (*Edinb. Med. Jour.*, March, 1858, p. 807).—Dr. Hermann Friedberg (*Chirurgische Klinik*, 1855, i., p. 165–224) recommends the method of Amussat, viz.: bringing down the gut when an opening has been made in it, and stitching it to the outlet in the perineum. The advantages are that there is a mucous membrane lining the whole tract of the canal; that the evacuations are more easily accomplished; that the natural tendencies in canals, not so provided, to gradually contract, is prevented; that the irritation and danger arising from the contact of effete matter with tissues not intended for such contact is also obviated. Redfern Davies thinks success more probable by often repeated, almost imperceptible, tractions upon the gut, than by trying to bring it down at once. Such is the modification he recommends. The idea has been taken from a case operated upon in a similar way and successfully, which has been described in the *Lancet*, 1846.

9. *Ascites Congenitus* (*Monatsschrift für Geburtskunde und Frauenkrankheiten*, 1858, xi. 3, p. 161).—R. Virchow reports the case of an infant, born with ascites and hereditary peritonitis. The mother, about 30 years of age, had six children, the first of whom is about 12 years old, and healthy; but the last three died pretty soon after birth, and had, each of them, the abdomen swelled by dropsical accumulation.

10. *Swallowing needles.*—Dr. Edgren, (*Jour. für Kind.*, March and April, 1858, p. 168) reports two cases of children swallowing needles

without unfortunate consequences. A boy, 3 years old, swallowed a needle, 2½ or 3 inches in length, which a month later penetrated the skin, near the sternum, from beneath the pectoral muscle. A boy of 4 years of age, swallowed a large pin with a big head, the head going down first. On the third day after there was pain in the right side, about the region of the pylorus and duodenum. On the eighth day the head was removed from the anus, only an inch of the pin being in connection with it.

### II.—UROPOIETIC AND SEXUAL ORGANS.

1. *Stones in the bladder in Hungary*, (*Algemeine Weiner Medicinische Zeitung*, 1858, No. 13).—Of 135 cases of stone in the bladder, treated by Prof. Balassa, of Pesth, twenty-one occurred in persons under 7 years; thirty-two from 8 to 15 years. Besides, forty-nine children have been treated for the same disease in the children's hospital of Pesth, during the years 1843–1855. Children in early life and with coarse diet are most subject to stone; this fact Prof. Balassa explains by inadequate food, children, after having been weaned, being nourished with herbs, potatoes, etc., which contains a large quantity of carbon. Thus, carbon forms the principal part of urinary calculi in Hungary. The majority of Balassa's consisted of oxalic salts. Of twenty stones having a nucleus differing from the mass, the nucleus was of oxalates in twelve, of uric matter in eight, wherefrom the conclusion may be drawn, that oxalates and urates give the impulse to the formation of stone, phosphates only increasing its bulk. The sound produced by the probe is of some diagnostic importance; the sound being sharper with oxalic stones, which are harder; duller with phosphoric stones, which are less hard and dense.

2. *A cystiform expansion of the right ovarium, by extravasated blood*, in a stillborn child of seven months was reported by B. Schultze (*Monatsschrift für Geburtskunde und Frauenkrankheiten*, 1858, xi. 3, p. 170). The tissue of the ovary was torn and broken, in some parts scarcely perceptible, by blood both fluid and coagulated, and fibrous coagulations.

### III.—ACUTE EXANTHEMS.

1. *Acute exanthems combined with traumatic injuries.*—It is but natural that acute exanthems, when following, or combined with acute inflammatory, and febrile diseases, should be of a highly dangerous character. But merely local inflammations also, which have been produced by local influences, apparently of no importance, seem to give a bad prognosis, when followed by an acute exanthem. Some cases, which elucidate this assertion, have been published by Dr. Paasch, (*Journ. für Kind.*, March and April, 1858, p. 203.)

2. *Variola in new-born infants* (*Zeitschrift der Gesellschaft der Aerzte zu Wien*, 1857, No. 13).—A female child (premature) was born on the 25th of Feb. 1857, with variola vera, forty-six pustules being found when the child died, thirty hours after birth. The mother was a healthy primipara, 28 years of age. While in the hospital, she was for a short time in a room with patients affected with variola; two pustules of variola made their appearance on her, while she was under the endemic influence. Eight days after her being wholly recovered she was sent to the lying-in hospital where she was confined. She remained in good health afterwards.

A case similar to this, which is reported by Dr. Wallman, has been under the observation of Prof. Hebra. The mother was confined while suffering from variola. The child affected with pustules of variola in different stages of development was stillborn.

[Variola in newborn children being a very rare occurrence, we communicate to the profession the following case, which Dr. Michaelis, of Attorney st., kindly allowed us to publish. We have to add that this is the only case which Dr. Michaelis, who is engaged in a very extensive obstetrical practice in this city, ever saw. We take the following particulars from a letter of Dr. Michaelis: "Mrs. H...., of 104 Attorney st., primipara, gave birth on the 12th of May, to a male child, who lived only a few moments and was covered with variola, most extensively so on his face and thorax. There was nothing abnormal about the confinement, except an uncommon painfulness of the back. The pustules of variola appeared to be in the sixth or seventh day of their developement. The mother was not, nor had she been during her pregnancy, suffering from variola or varioloid, or, as far as could be learned from varicella, but there is one interesting characteristic fact in the history of her pregnancy. When in her fourth month, she was present at the death of a child, who died from variola. For full four weeks she felt exceedingly sick, suffering from repeated chills, and was continually afterwards afraid of having variola. Her pregnancy took a favorable course.—A. J.]

3. *New instrument for vaccination* (*London Lancet*, Am. ed., 1858, p. 459).—This is the invention of Mr. Borham, London, and is a small instrument, convex above and concave below, so as to adapt itself to the configuration of the child's arm, where, by pressing it, a ridge of skin is formed, into which the lancets can be made to penetrate by means of a cogwheel. There are sets of lancets which are grooved at the points, so as to retain the virus more completely.

4. *Coincidence of variola and vaccina* (M. E. Gintrac, in *Journal de Médicine de Bordaux*, March, 1858; *Gaz. Hebdom. de Méd et de Chir.*,

1858, No. 15).—The facts, as elucidated by a large number of citations are the following: Where variola sprung up, after vaccina had begun its course, vaccine has been either completely kept back or interrupted even as long as the course of variola lasted, or has taken a slower development. Thus there is a decided influence of variola on the invasion and development of vaccina; there is also an influence on the form of the pustules, which may undergo great modifications, viz.: 1. A diminution, or even a complete absence of the variola; 2. A diminution or absence of the subjacent induration and tumefaction; 3. An imperfect development of the pustules as to color, and size; 4. In some cases a suppuration analogous to the one in discrete variola. Notwithstanding such modifications, the fluid contained in the pustules was apt to transmit the contagion. Vaccine, too, may modify variola, the more so the nearer it is to its regular termination. 1. Inoculation of variola, performed after the ninth or eleventh day of vaccination, is not successful. If performed on the fourth, fifth, or seventh day, it sometimes produces pustules, which do not contain, however, fluid matter, and are prone to desiccate on the seventh or even fifth day. 2. James Boyce observed, that the pustules of variola, inoculated after vaccination, are very much like vaccine pustules. 3. Variola occurring after vaccination, always took a mild course, even when in the neighborhood or the same house, there was confluent variola. 4. Cases of variola have been observed to begin with a high fever and dangerous general symptoms, which diminished as soon as vaccine began its course. 5. Variola after vaccination has no secondary fever, no swelling of the face, no ptyalism. 6. Its duration has been brought down to eight, six, five, even four, days.

5. *Prophylactic treatment of scarlatina* (*Gaz. Hebd. de Méd. et de Chir.*, 1858, No. 18).—Raoul Leroy (d'Etiolles) asserts the efficiency of belladonna as a prophylactic against scarlatina; being convinced by his experience and experiments that wherever it is unable to keep the disease entirely out of the way, it at all events, renders each individual case milder and safer. Leroy puts no confidence whatever in some remedies recommended for the same purpose formerly; as, for instance, sulphurous or nitrous fumigations, lemonades of mineral acids, purgatives, calomel, sulph. aur., etc. As to *inoculation*, he feels satisfied that it is not deserving of any confidence, nor the recommendations of Miguel, Noirot, Petit-Radel, and Home.

6. *Recidive measles.*—Drs. von Düben, Malmsten, Bottiger, and Levin, of Stockholm (*Journ. für Kind.*, 1858, March and April, p, p. 172) report about ten cases of measles occurring twice in the same children, the intervals between the first and second times being from four or five days

to some months. Dr. Malmsten saw measles in a man who was positive about having suffered from the same exanthem twice before.* The same writer reports to have inoculated measles in his two sons, the exanthem making its appearance on the fourth day after the inoculation being performed.

7. *Relation between scarlatina and morbilli.*—Dr. R. Küttner, of Dresdon (*Journ. für Kind.*, 1858, March and April, p. 180), does not consider both of these exanthematic diseases to be so different from each other as Schoenlein thought they were, when he counted morbilli amongst the catarrhal, and scarlatina amongst the erysipelatous families of diseases. He at first points out such cases, which show the exact symptoms of neither scarlatina nor morbilli, and are often described under the denomination of rubeola (see *N. Y. Journ. of Med.*, May, 1858, p. 420). Then he refers to some facts laid down in Medical literature, the number of which he augments by a singular case observed by himself proving that the same contagion produces either scarlatina or morbilli in different individuals. How this could be done he does not venture to say; but it does not seem to be impossible for the organism to alter a contagium penetrating the whole system. A severe cold, for instance, produces rheumatism in one, catarrh in another individual.

### IV.—CIRCULATORY ORGANS.

*Sanguineous cavernous tumour above the root of the nose in a new-born infant* (*Zeitschrift der Gesellschaft der Aerzte zu Wien*, 1858, No. 14).—Drs. Valenta and Wallmann report a case of erectile tumor, angioma, which rose from the pia mater, and being developed by the dura mater, penetrated through a fissure between the frontal, ethmoid, and nasal bones. An erectile tumor of the pia mater, on the surface of the left hemisphere, has been described by Rokitansky (*Handbuch der Pathologischen Anatomie*, ii., p. 735.); but in general such cases are very rare. Cases of encephalocele on the same place where our erectile tumor was found, have sometimes been reported. Wallmann relates a case of hydromeningocele in the same locality, which he found in an idiotic female of fifty years of age.

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* The reviewer remembers well the case of a child, about two-and-half years old, whom he saw suffering from measles two different times in the course of a year. Moreover, he was told, that some months before he first saw the child it suffered from a like attack.—*New York Journal of Medicine.*

# The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS, DIGNITATEM ARTIS MEDICÆ TUERI.

LUSUS NATURÆ.—A living curiosity has been recently on exhibition in our city, and will be shewn, we believe, in the principal cities of the United States and of this Province. It has been visited by several physicians both here and in Quebec, who have all concurred in considering it as one of the most extraordinary objects they have ever beheld. In the advertisement it is described as a child with one head, two bodies, three arms, and four legs; but while strictly speaking the statement as to the number of extremities is correct, it would, in the mind of a scientific observer, create a wrong impression in saying there were two bodies, for the second "body" appears really to be little more than the inferior half of the abdomen and subjacent pelvis, attached to the upper and outer angle of which is the third arm, and depending from which are the two additional legs. Indeed one who had not seen this wonderful creature, might pretty accurately understand its peculiarities by supposing there was before him a perfect female infant, beautiful in features and in symmetry, to whose right hip was connected the lower half of a second child with the members above specified, which are somewhat rudimentary. There are not two navels. Defecation and urination are performed by both "bodies," and at separate times. The generative system is double, and apparently complete in both. The intestinal tract in the appendix body is but a diverticulum, and not united to a second stomach. The child is remarkably healthy and good-natured. Digestion proceeds healthily, and when seen by us there was every probability of life being continued under equal chances with those of any other baby of the same age. We abstain from further remarks, as we have been led to expect a more accurate account from the pen of a gentleman who manifested a deep interest in this as in other subjects connected with his profession.

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PRIZES OF THE MASS. MED. SOCIETY.—The Mass. Medical Society is authorised, by a donation from one of its members, to offer the sum of *one hundred dollars* for the best dissertation adjudged worthy of a prize on the following theme, viz.: "To what affections of the lungs does bronchitis give origin?" The above is open to physicians of every

country. The latest article on the relations of bronchitis to other diseases of the lungs was written by Dr. W. T. Gairdner, of Edinburgh, in 1850. A review of the paper can be found in the *British and Foreign Medico-Chirurgical Review* for April, 1852. Each dissertation should be designated by a motto, and accompanied by an envelope, superscribed with the motto, and containing the writer's name and address. The sealed packet, accompanying the successful dissertation, will be broken, and the author's name announced at the annual meeting of the Society in May, 1859.

Dissertations for the above prize must be sent (post paid) to the Corresponding Secretary, Dr. Benj. E. Cotting, Roxbury, Mass, on or before April 15th, 1859.

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Death of Sir Philip Crampton, Bart., Surgeon-General to the Forces in Ireland.—It is our painful duty to record the death of (if not the ablest) certainly one of the first surgeons that the sister kingdom has ever produced. We allude to Sir Philip Crampton, who died at his residence, Merrion square, Dublin, 10th instant, in the eighty-second year of his age, having been born on the 7th of June 1777. At a very early age he embraced the military branch of medicine, serving as an Assistant-Surgeon in the disturbed times prior to 1798, and being present with a force which repulsed the landing of the French on the west coast of Ireland. Towards the close of that year he was nominated Surgeon to the Meath Hospital (one of the infirmaries of Dublin). This event determined him to relinquish the military for civil practice, and he accordingly settled in Dublin late in the autumn of 1790. He commenced business in a house in Dawson street, where he established himself as a teacher of anatomy, having a dissecting-room and medical-school fitted up in the rear of the premises. Here, in a loft over his stable, he first began to lecture, and his style of teaching, combined with his perfect knowledge of the subjects which he taught, soon obtained for him a large class of pupils, whilst his fame as a surgeon became equally established by his practice in the wards and by his skill as an operator in the theatre of the hospital. Combined with these professional qualifications he was possessed of a pleasantness of manner and a winning way, which, in the sick room, were irresistable, and he soon became a general favourite with the public. It was not, however, in mere conversation, or in the relation of anecdote, that Sir Philip Crampton excelled; his intellectual capacity was equally conspicuous upon whatever subject came before him. To a powerful mind, well cultivated and well stored in early youth, he daily added up to the latest period of his existence. His bodily powers equal-

led his mental capabilities, and there were not many who, in athletic pursuits, or in the hunting field, could show the way to Philip Crampton. Handsome in person, gifted in mind, with an off-hand, open, and manly bearing, there were few who were his equals. Such was the man of whom we now speak.

"As a surgeon he was ready in resources and original in idea, seldom meeting a difficulty that he did not surmount. As a physician he was peculiarly happy in the selection of remedial measures, not merely looking upon the malady in question as disease *per se*, but rather regarding the individual in his every relation to life, and often prescribing to an end far remote from the then predominating symptoms. As a man of science he was generally able; but to zoology and comparative anatomy he paid particular attention, regarding them as subservient to the one great end,—the preservation of human life. He was a patron of everything that could promote this object. He assisted in the foundation of the Royal Zoological Society of Ireland, and by his influence he obtained a grant of the ground in the Phœnix Park, on which the Zoological Gardens have been established. His public appointments were numerous. He was nominated Surgeon-General to the Forces in Ireland by the Duke of Richmond, on the death of Mr. Stewart, and subsequently appointed Surgeon in Ordinary to Her Majesty. He was consultant to the majority of the hospitals in Dublin. He was also a member of the Senate of the University of London, although we believe he never took his seat. He was a member of the senate of Queen's University, and thrice President of the Royal College of Surgeons in Ireland. Sir Philip Crampton was raised to the baronetage in 1839, and is succeeded in the title by his eldest son, John Fiennes Crampton, our Ambassador to the Court of Russia.—*Lancet.*

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## MEDICAL NEWS.

The Boston *Transcript* says the following by Dr. Oliver N. Holmes, is the finest simile ever written: "The mind of a bigot is like the pupil of the eye—the more light you throw upon it the more it contracts."—"Had I three ears I'd hear thee!": A little girl lately was seen in Guy's Hospital, who had no fewer than four aural appendages. The two superfluous ones were situated on the sides of the neck, somewhat lower than the angle of the jaw, and were well developed as far as regards their external contour and the possession of fibro cartilage.—Remarkable Escape: A cannon ball cut the gold watch-chain at the back of his (Brigadier Russell of India) neck as cleanly as if it had been a pair of nippers, and did him no further injury, except inflicting a shock to his nervous system.—It is said that there are about 50,000 blind persons in France,

of whom about 5000 are children.—Upon opening the vault of a rich manufacturer, named Oppelt at Rudenberg, 15 years after his burial, the lid of the coffin was found forced open, and his skeleton in a sitting position in a corner of the vault, painfully telling that there had been after burial a restoration to consciousness.—Dr. L. G. Robinson, of Detroit, one of the editors of the *Medical Independant*, a periodical published in that city, has lately deceased, and is justly lamented both in and out of the profession.—Dr. Godfrey, of the Savannah Medical College, reports several cases of delirium tremens successfully treated by Cannabis Indica.—Mr. James Buchanan, who died lately at Edinburgh, left £10,000 to the Royal Infirmary at Glasgow, his native city. In addition to this bequest, he left from £150,000 to £200,000 for the endowment of an industrial school foundation at Glasgow.—The Paris courts value a young lady's teeth at 8,000 francs. An English governess was recently knocked down by a carriage, and lost by the accident all her teeth. She brought on an action of damages, and the tribunal awarded that amount.—To the Scythian delicacy of horse-flesh the Parisians now add the Roman dainty of snails. 12,000 baskets of snails a-day barely suffice this newly-acquired taste of the Emperor's subjects.—The next "Fiske fund prize" is for the best essay on "the effects of the use of alcoholic liquors in tuberculous diseases or in constitutions predisposed to such disease." To be shown by facts presented so far as may be in statistical form. The dissertations should be sent free of cost to the secretary of the Fiske Fund trustees, Providence, R. I., on or before May 1, 1859.—The springs of Luneberg yield 55 millions of pounds of salt per annum. The mines of Cracow, which supplied a great part of the world with salt for upwards of 12 centuries, are 850 feet deep, and extend nearly 2 miles in length. —It is calculated that last year Paris, or rather its people, eat 6000 baskets of oysters per diem, that is 78,000 of these mollusca; it now consumes but 50,000 or 4000 baskets.—Nothing is said to be more hurtful during hot weather than the use of water whose temperature approaches nearly to that of the atmosphere. Fresh and cold water may be considered during the hot season as one of the necessaries of health.—Professor Owen, London, has just been elected Fullerian Professor of the Royal Institution. The salary is about £100 per annum; the duties the delivery of 12 lectures annually. The chair is usually held for 3 years.—Horse Flesh as Food: It is said that the practice of eating horse flesh has of late years increased considerably in the north of Germany and Denmark. It is said that in the city of Hanover alone, in the course of Whitsun week, about 2000 lbs. of horse-flesh were consumed. The number of horses slaughtered for eating in that city is between 200 and 300 a-year.—The following epitaph is on a tombstone, at Pittstown, Rennselaer county, New York: Ruth Sprague, daughter of Gibson and Elizabeth Sprague, died Jan. 11th, 1846, aged 9 years, 4 months, and 5 days. She was stolen from the grave by Thomas L. Shaw, and dissected by Dr. Roger B. Wilson, of Hoosic, N. Y., from which her mutilated remains were obtained, and deposited here.

Her body dissected by fiendish men,
Her bones anatomized;
Her soul, we trust, has risen to God,
Where few physicians rise,

THE

# MEDICAL CHRONICLE.

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## ORIGINAL COMMUNICATIONS.

ART. VI.—*Operation of Perineal Section for Stricture of the Urethra.* By W. FRASER M.D., Professor of the Institutes of Medicine, McGill College, and Physician to the Montreal General Hospital.

Professor Syme of Edinburgh has of late years directed the attention of the profession to a "New Mode of treating certain cases of Stricture of the Urethra by Perineal Section," which has led to much controversy and difference of opinion among Surgeons. Regarding the question as one of much practical importance, which the result of faithfully recorded cases of the disease, thus treated, can alone decide, induces me to publish the following case lately treated by me in the Montreal General Hospital. Its history has at my request been partly reported by the patient himself, who is for his station, a very intelligent man, and the remainder by my friend and former pupil, Dr. Craik, the present house Surgeon, who acted as my clinical clerk.

J. H., aged 53 a stout looking man, a saddler by trade, was admitted into the Montreal General Hospital on the 25 June 1858. He came for the purpose of undergoing an operation for stricture of the uretha of 18 years standing.

Although a healthy loooking man there were many circumstances which rendered him by no means a favourable case for the operation. He had been for many years subject to most violent rigors accompanied by furious delirium, and aggravated when any attempt was made to pass a catheter.

In addition to this he had contracted the habit of using opium constantly in large quantities, which kept him in a dreamy artificial state of mind, and made him morbidly sensitive to external impressions. His nutritive functions, however, were unimpaired and instead of the emaci-

ation usually seen in opium eaters, his figure had a fullness and rotundity worthy of an alderman.

He was possessed of remarkable intelligence for a man in his station of life, describing his symptoms and feelings with great clearness, and discussing the merits of the different plans of treatment with much shrewdness and sagacity. He had procured many of the works of the most eminent authorities on stricture, as Syme, Lizars, etc., and had weighed carefully and impartially the arguments for and against the treatment by perineal section and had decided in favour of it.

As regards the history of his case previous to his admission into the Hospital, I cannot do better than to give his own narrative of it in the following sketch written by himself, and accompanied with the following note:—

Montreal General Hospital, 18th August, 1858.

To Doctor Fraser:

Sir,—The annexed memoranda of my disease is as nearly correct as the lapse of so many years will admit.

I might have used more glowing colours in painting my sufferings. But as you advised I have given a plain unvarnished statement, carefully avoiding any thing like exaggeration.

It is a disease that cuts right and left. It destroyed my best faculties, moral and physical. In fact it has robbed me of the best part of my existence. You have enabled me again, if I may so speak, to meet the world on equal terms.

I cannot allow this opportunity to pass without tendering my sincere thanks, for the gentlemanly, kindly and able manner you have treated me since I came under your care. Accept therefore of my gratitude till I am able (which I trust will yet be) to present you a more substantial testimonial

In the meantime, allow me to subscribe myself, yours with respect.

J. H.

"About the year 1840, I was first troubled with a stoppage of water, after riding in a cart or on horseback. This recurred at short intervals for about 4 years, and lasted generally from 1 to 3 minutes, when all was right again.

"These stoppages were unattended either with pain or spasm. At this time when I made water it passed so slowly that I was obliged to retire from observation lest my failure might be noticed. All this I attributed to gleet or the remains of a disease with which I had been troubled for a long time as I observed in the morning the orifice of my urethra glued and my linen stained, etc.

"At the end of this time (4 years), I was first seized with total retention attended with voilent spasms, the attack being apparently brought on by working in a swamp with my feet wet.

" This retention recurred at intervals of from 10 to 12 days and lasted from 4 to 6 hours. The severest spasms during the retention lost their severity immediately on passing the smallest drop of urine. This stage of my disease continued for a considerable period, say from 1½ to 2 years, when the fits became less frequent, in consequence of the use of morphia and opium in small doses.

" Abont the year 1849 I had the first catheter passed through the stricture. All attempts previous to this having failed, I think, in entering the bladder. After passing the instrument several times, I considered myself tolerably well, and having a horrid antipathy to the catheter, I gave them up. My stricture soon closed again, my water became loaded with mucus, and I was then seized with severe rigors almost daily, occasionally 3 or 4 times during the day and night, aggravated on the least attempt to pass an instrument and almost in every case attended with delirium. The rigors were curtailed both in frequency and severity by the liberal use of opium.

" About 2 years ago, I again ventured on the use of catheters during a course of two months. Being incessantly harassed with rigors I again gave them up, but their use had enabled me to pass my water in a half sort of way, and I was easily pleased then after so much suffering. The stricture again closed and for a long time past I have only been able to void my urine in drops, the rigors, however, diminishing latterly in frequency and severity, and my water becoming clear and void of mucus.

" With the exception of the first five or six years, my linen has always been wet, and for a very long period incontinence prevailed to such an extent that my life became burthensome or at the least disgusting."

J. H.

From the foregoing account it will be seen that symptoms of stricture began to appear as far back as eighteen years ago, and seemed at first to partake largely of a spasmodic character. But even then the rudiments of the organic stricture must have been in existence for he assures me that from the first symptoms of retention the canal began to contract and the stream of urine became smaller and smaller; indeed it is probable that the spasmodic symptoms were produced by the irritation of the incipient organic affection.

The attempts at dilatation seem to have been only very partially successful, and the results very transient, for the symptoms were as bad as ever in a few weeks.

The use of opium appears to have been commenced about the year 1846, (*i. e.* about 12 years ago) and to have been gradually increased up to the present time. He informs me that on one occasion he succeeded in giving up its use for about three months, but his disease becoming worse he resorted to it again.

But to return to his state upon admission; the urine passed only by drops, and there was more or less incontinence, keeping his linen constantly wet. Any attempt to void the urine voluntarily, produced the most violent straining, which lasted from five to fifteen minutes, insomuch that he was extremely reluctant to make the experiment, preferring to allow the urine to ooze away spontaneously.

On the day succeeding that of his admission, an attempt was made to pass a catheter down to the stricture, but the irritability of the passage was such that he could not endure it. Chloroform was administered, and the attempt again made, when the stricture was found to be in the vicinity of the bulb, and to be extremely hard and cartilaginous. Although pressure was exerted against the stricture for a considerable time, the instrument could not be passed beyond it. No bleeding followed the attempt.

On the following day (June 27), another attempt was made, without chloroform, but although persisted in for a considerable time, no instrument could be introduced beyond the stricture.

After allowing him a day's rest, purging him freely, and using the warm hip bath, the attempt was again made on the 29th, Syme's stricture staff being used instead of the ordinary sounds. After pressing the point firmly against the stricture for about ten minutes, it passed slowly into the bladder, being all the time tightly grasped by the stricture, and requiring considerable force to move it in any direction. The instrument was left in about fifteen minutes and then withdrawn. No rigor followed these attempts.

The following day, June 30th, urine was passed in a continuous stream for the first time in several years. The stream was about the size of a crow quill or smaller, in fact it was as small as could well be imagined, and was projected with great force and straining. The patient was in high glee, not only at the restoration of the stream but at its accomplishment without the occurrence of rigors. His faith, however, in the necessity for an operation was somewhat shaken by the unlooked-for success; and he was disposed to object to the knife. The assurance that the improvement would only be temporary decided him to submit, and the operation was fixed for the following day.

1st July.—*Operation.*—As predicted, the stricture had again closed

and the urine was voided by drops. The staff (Syme's) was introduced with more difficulty than on the previous occasion. He was then placed upon the table and fastened in the lithotomy position. Chloroform having been administered, the operation was commenced by an incision in the mesial line, an inch and a-half in length, and terminating about an inch in front of the anus. After dividing the skin and cellular membrane, the groove in the staff could be distinctly felt, but owing to the thickness of the parts near the bulb, the shoulder of the instrument could not be distinguished. The dilated membranous portion of the urethra behind was easily felt, and served as a guide for the introduction of the knife, the object being to cut from behind forwards. Commencing at the posterior border, the stricture was divided, keeping carefully in the mesial line, and following it forwards until the shoulder of the staff was reached, embedded in the bulbous portion of the canal. The handle of the staff was then depressed, and the instrument passed readily into the bladder. The walls of the stricture, though feeling hard and cartilaginous on slight manipulation, were remarkably brittle, and could be readily broken down by the finger.

A No. 8 silver catheter was then introduced, and the patient put to bed on his back, with the shoulders well raised, and a large sponge so placed as to receive the urine as it flowed from the catheter.

July 2.—Everything going on well; passed a comfortable night, and is in excellent spirits. The wound looks healthy, and there are no symptoms of urinary infiltration.

July 3.—Progressing favourably. The wound is beginning to secrete healthy pus. He complains of slight costiveness and want of appetite. The catheter was removed, and three laxative pills prescribed for bedtime, and half a grain of quinine to be taken three times a-day.

July 4th.—He had a violent rigor this morning, accompanied by delirium, probably aggravated by an unusually large quantity of opium taken during the night, amounting to about nine drachms of the tincture, his usual quantity being from five to six drachms daily. The wound appears to be progressing favourably, and there is no appearance of extravasation of urine or other cause of irritation to account for the rigor. A warm bath was ordered immediately, and the opium given in charge to an attendant, to prevent a repetition of the excess.

July 5th.—Much better in every respect. No repetition of the rigor. The urine is passed both through the wound and through the natural passage, about equal portions passing in each direction.

July 6th.—The catheter was introduced to-day, and found to pass readily into the bladder. It was allowed to remain 4 hours. He ex-

presses a desire to diminish his daily allowance of opium, with a view towards its total discontinuance. His tri-daily dose to be lessened by a few drops every day.

July 9th.—The urine still continues to pass by the wound, but in much smaller quantities than formerly. There is not, nor has there been since the operation anything like incontinence. The desire to void the urine, however, is very frequent, owing to the hypertrophied and irritable condition of the bladder; and the evacuation is accompanied by much and severe straining. His resolution with regard to the diminution of the dose of opium is wavering, and he pleads strongly for a larger dose. The dose, which has now been reduced to a drachm, is directed to be continued for some time without farther diminution.

July 15th.—Complains of some difficulty in voiding the urine, most of it coming from the wound. The catheter was introduced again without difficulty, and allowed to remain as before for several hours. A hip bath was also prescribed.

July 17th.—Still complains of difficulty in voiding the urine. He was threatened with another rigor, and suffered a good deal of pain in the vicinity of the wound. He also complained of a griping pain in the bowels, with a slight tendency to diarrhœa. A hip bath and the following mixture were prescribed:—℞ Chloroform, Tr. Opii, aa ʒ i, Tinct. Camph. ʒ ss, Tinct. Cardam Comp. ad. ʒ vi. capiat unciam pro re nata.

July 18th.—The symptoms were relieved immediately by the remedies yesterday. The pain in the vicinity of the wound still continues, and to-day a small hard swelling is perceptible in the vicinity of the bulb and in front of the wound. A poultice was ordered.

July 20th.—Fluctuation is now apparent in the swelling, proving it to be a small abscess. An incision allowed about a drachm of thick healthy pus to escape, with immediate relief to the pain and to the difficulty in voiding the urine.

July 25th.—No urine has been passed through the wound during the last twenty-four hours. The wound is much contracted, and seems about to heal. The abscess has healed, leaving slight induration behind it.

July 26th.—A small quantity of urine again passed through the wound this morning, caused, as he thinks, by the violent and involuntary straining which always accompanies micturition. A small pad or compress was placed over the wound, and bound firmly in its place by means of adhesive plaster. He was also directed to keep his thighs as closely pressed together as possible while voiding his urine.

August 1st.—Continues to pass small quantities of urine by the wound about once every two or three days. The wound is now reduced to a

mere line, but seems rather indolent. It was touched with nitrate of silver, and the pad continued.

August 15th.—He passed urine from the wound for the last time on the 10th instant. The wound is all but healed, and the urine passes freely from the natural passage and in a full stream. A slight induration still remains at the seat of the abscess formerly mentioned. He has adopted an ingenious method for diminishing very gradually the dose of his opium. He has procured a lady's thimble (to be used as a measure), and a number of small lead shot. The thimbleful is his dose, and he diminishes it daily by dropping in an additional shot, thereby lessening the dose by an almost imperceptible amount. He proposes to go on in this way until he becomes able to dispense with the opium altogether.

August 21st.—No change has occurred since last report, except that the wound can scarcely now be said to exist, and he is to all intents and purposes cured of his stricture, at least for the present.

The tri-daily dose of laudanum has been diminished to half a drachm, and he is indulging in bright and ambitious projects for the future.

Remarks.—At present the patient is perfectly relieved of his distressing disease, retains his urine for hours, and then passes it of a healthy quality, and in a full stream. He is about leaving the Hospital, carrying with him a catheter, which he is instructed to pass occasionally as a precautionary measure against a recurrence of the disease. That he is well satisfied with the result of the operation, is apparent from the tenor of his note, published in the preceding narrative.

Taking into consideration all the circumstances of this case, such as its long duration, its situation (the junction of the bulb with the membranous portion) and its semi-cartilaginous nature, together with the habits of the patient, I very much doubt whether by any other plan of treatment the same amount of success could have been obtained, and am therefore disposed to regard this operation as superior to any other yet practised in the extreme cases for which Mr. Syme has recommended it. The objections that have been urged against it, especially when the seat of the disease is so far back as it was in this case, are—1, danger of hæmorrhage from the erectile like tissue of the bulb or from its arteries; 2, the prospect of a permanent perineal fistula; 3, urinary infiltration. Respecting the first of these, I have only to say, that although in the above case the bulb was incised, the patient did not lose two teaspoonfuls of blood. As regards a perineal fistula, although the urethra was laid open for more than an inch, extending from the membranous portion forward, it has healed perfectly, and the canal is rather wider at the

point of operation than in any other part of its course. The probability of urinary infiltration is the most serious objection, were it well founded, which I believe it is not, when the operation is properly performed; indeed I think it a very unlikely occurrence, unless the posterior layer of the deep perineal fascia is cut through, which it never should be.

This operation must not be confounded, as I notice it has been by a recent American author and teacher, with another method of treating stricture by external incision, which consists of cutting upon the point of a catheter or staff passed to the seat of obstruction. The superiority of the former consists in its re-establishing fairly and continuously the canal, and in its being at the same time less hazardous, when the knife is maintained in the mesial line. The latter operation is almost sure to leave a hitch or projection at one side of the passage, which renders its course angular, and is sure to lead to the re-formation of stricture, if not to worse consequences. In attempting to restore the continuity of the canal without a guide, the knife is very apt to be pushed farther than necessary, which may lead to infiltration, whereas in cutting on a guide, the inferior surface of the canal only need be cut. In order to render the subject more intelligible to those who may not have seen *Syme's Stricture Staff*, I annex a wood-cut of that instrument:—

ART. VII.—*On the Treatment of Aneurism by Compression, and Injection with the Perchloride of Iron.* By John Reddy, M.D., L.R.C.S.I., &c., Physician to the Montreal General Hospital, &c., &c.

I purpose, through the medium of your ably conducted journal, to draw the attention of the profession to the five following cases of aneurism which have lately presented themselves in the course of my practice:—

"John Maxwell, a robust young Irishman, aged 23, was admitted into the Montreal General Hospital 1st June, 1858, under Dr. Reddy's care. His occupation that of a blacksmith's assistant in winter, and fireman on board a steamboat in summer. He was engaged at the latter business when his present accident occurred. He is about 5 feet 10 inches high, and weighs about 150 pounds. There is no evidence of any cardiac or other internal disease: on the contrary, he asserts that he has always enjoyed uninterrupted health, with the exception of some chronic ulcers

on the legs. He has never suffered from palpitation or shortness of breathing; but has always been capable of enduring fatigue and active exertion as well as other men. His complexion is fair, his lips are somewhat thick, and his pupils large, indicating a tendency to scrofula. His family have been remarkable for longevity, one of his grandmothers having lived upwards of a century. His parents were both healthy, and died of Asiatic cholera.

He is unable to assign any cause for the present accident, not being aware of having received any blow upon the part, or of having made any sudden or strong exertion which could give rise to it. He states that he thinks it must have arisen from cold, as he was in the habit of leaving the warm furnace-room of the steamboat when relieved at night, and lying in the open air upon deck. It was after having lain out in this manner that he first felt a stiffness behind the left knee, which he considered of no importance and paid no attention to it. In a day or two, however, the part began to swell and to be painful. The pain was of a dull, aching character, and increased by much standing or walking. The swelling was also increased by exertion or the upright posture, being always reduced after a night's rest. After the pain had continued a day or two it became more acute and throbbing; so much so, that he could no longer rest at night, being always awakened by a sudden start in the limb, if by any chance he fell asleep. The pain and swelling continued to increase for about a week, when they became stationary, and remained so until his admission. The only remedies resorted to during this time, were frictions with oil, salt, and water, and with "high wines." No benefit was derived from these applications, excepting a slight temporary alleviation of the pain after using the high wines." The preceding history was kindly furnished me by my friend Dr. Craik, house-surgeon Montreal General Hospital.

The leg affected presented the following appearances:—Limb partially flexed, with inability of extension beyond a certain point. A globular circumscribed swelling occupies nearly the entire popliteal region, projecting backwards somewhat more than half the size of an orange, measuring 3¼ inches in length by 4 in breadth. Circumference around knee 16½ inches, at calf 14¾ in.; unaffected side at knee 13½ inches, at calf 13 inches. Affected side from below the knee appears much increased in size. Impulse is very perceptible all over the tumour; on applying the hand it is very strong and heaving; when using the stethoscope the head is forcibly raised; there is a loud systolic *bruit de soufflet* throughout its entire extent, and a rough murmur (not unlike the first sound of the heart) may be heard on the outer side, corresponding in size to the end of the instrument, during the diastole.

When the femoral artery is compressed, the sounds and impulse cease, and the tumor rapidly subsides. On removing the pressure, the phenomena are at once reproduced. Heart's sounds normal, though the pulse is at times irregular in rythm, a variance of 20 beats being detected during a single examination. This irregularity is not often present.

*5th June.*—The leg having been loosely bandaged as far as the tumor, and slightly elevated above the level of his body. At 5.15 p m. Carte's compressors were applied, the lower one being screwed down, leaving only a weak current through the tumor. At intervals of an hour the instruments were changed, much difficulty being experienced in keeping the upper (or pelvic) compressor in correct position, as the slightest motion of the patient's body to either side caused the instrument to slide off the artery; the hardness of the bone-pad also producing a good deal of pain and irritation. During the first three days this accident was of very frequent occurrence; so much so, that I decided upon substituting an instrument similar to that invented by my friend the late Dr. Crawford, which had the advantage of a hair-pad, and quite relieved him. The skin was unaffected, though tender. The use of camphorated spirits, and occasionally dusting with powdered chalk, seemed to prevent chafing. The temperature of the limb had slightly decreased. Fibrillation appears, however, to be progressing favorably, as the tumor begins to feel somewhat firm, and the circumference at knee is increased to 17½ inches. The veins are turgid, and integuments slightly congested.

*9th.*—Fourth day. Passed a good night, the instrument has been well borne for the past twelve hours. He can now sit up so far as to feel the tumor, and has nearly learned to alter the compressors. He suffered a good deal (for a few hours) as the bandage had been put on rather tightly at the visit; it was so severe he thought he would be obliged to remove the instruments. On re-applying the bandage all pain ceased.

*10th.*—Felt uneasy through the night, requiring to change the instruments very often, which he can adjust himself to a nicety. He complains all the day of a pricking sensation in the leg, but principally confined to the knee. Fibrillation appears very much advanced.

*11th.*—Continuing the same as last report.

*12th.*—Felt uneasy all night and through the day, especially when Carte's remaining compressor was used. He begged me to take it off and put on a second hair-pad, which I was obliged to do; after this he was comfortable. The tumor is feeling firmer.

*13th.*—Passed a good night; regulated the instruments himself. They cause little or no pain; but the pricking about knee is more troublesome.

14*th*.—Had a strange sensation through the leg all day. 5 p.m.—The tumor feels very hard, and yields but little pulsation. At 9 o'clock p.m. it had altogether ceased,—eight days and four hours from the time compression was commenced. The tumor and swelling of the limb gradually diminished, and on the 16th July, when he left hospital, there was but half an inch difference in the circumference of the two limbs, and that only where the aneurism existed.

Notwithstanding my being obliged to lay aside Dr. Carte's compressors on the 3rd and 7th days, fibrillation was well and fairly established while using them: they were only laid aside because of the pain they provoked.

I cannot conclude the narrative of this interesting case without expressing my obligations to the gentlemen,—Messrs. Campbell, Pickup, Lyons, Church, Sutherland, Gibson, Fraser, and Hamilton, house-apothecary,—who in turn watched the case by night, and secured the proper maintenance of the compressors in accurate position.

Remarks.—It will be perceived, that, in the case which has now been recorded, there were no peculiar features of sufficient merit to call for special observations. But in lieu of these, as the subject is one of great practical importance, I shall take this opportunity of laying before your readers, the statistics of some of the various methods of treating this disease, and their comparative results.

The number of cases now on record of the successful treatment of aneurism by compression, have completely established this method of cure as one that must supersede every other, where it can be made available. Mr. Tufnell, in a very excellent article in the *Medical Times and Gazette* for 1854, gives the particulars of all the cases, 47 in number, that had occurred in Dublin, between the years 1842 and '54. 36 were cured by compression; 3 died of other diseases while undergoing treatment; 1 unsuccessful; 5 were treated by ligature; and 2 underwent amputation. In a late work, published in Paris in 1857, by M. Broca, who it appears has devoted a great deal of attention to the subject of aneurism, with reference to compression, the author recommends that this method should be tried two or three weeks, even supposing that the ligature may be considered ultimately necessary. He says, that from 1842 to May 1854, compression had been tried in 163 cases. In 12 it could not be long maintained, in consequence of the pain becoming intolerable. There remain 151 cases in which compression was continued with sufficient perseverance. From these, 24 must be taken, as the compression failed, from not having been properly applied. This leaves 127 cases to dispose of. Out of that number 116 were successfully treated. The treatment was inefficacious in the remaining 11 cases, and every circumstance

concurred to prove that in 6 of these, compression failed from a peculiar idiocynerasy, showing itself in the results of the subsequent application of the ligature. The average of deaths in the 127 cases was not higher than 5 per cent. I shall contrast with the above those wherein the ligature has been used. Dr. Crisp, in his book, gives the particulars of 188 cases, where the vessel was secured for popliteal or femoral aneurism. One-fourth terminated fatally, or were maimed for the rest of their lives. Mr. Phillips collected 171 cases of aneurism, affecting the lower extremites, which were submitted to the Hunterian operation. Of these cases 57 (or exactly 1 in 3) were unsuccessful, in which all the patients except two died, not of the disease, but of the operation. Amongst the successful cases, secondary hemorrhage occurred 15 times. 59 of these cases required ligature of the femoral artery, 39 of which were unsuccessful, thus giving a mortality of two in three in the artery, most frequently subjected to the operation. Mr. Norris gives a fuller report, his table consisting of 177 instances (155 popliteal and 22 femoral). 38 died; 6 recovered after subsequent amputation; 6 recovered after suppuration of the sac; 2 after gangrene of the foot; total 56. So that one out of every three terminated fatally, or were to a certain extent maimed for life. M. Broca states the relative success in the treatment by compression and by the ligature to be, that five per cent. die under the former, and nearly twenty-five per cent. under the latter. Such an amount of evidence as the foregoing, in favor of compression, at least deserves the mature consideration of those who still advocate the more elegant and apparently quicker method by ligature.

There have been but four cases of aneurism treated by compression in this city, and each has terminated successfully. One by Dr. Fenwick, traumatic aneurism of the radial artery, cured on the 31st day; one by the late Dr. Crawford, diffused popliteal, cured on the 21st day; one by Dr. Godfrey, circumscribed popliteal, cured on the 35th day; and the one now recorded, being the first that underwent this treatment in hospital.

The treatment of aneurism by manipulation (or displacement of a clot) has attracted some attention of late. Mr. Fergusson, of London, published two cases in 1852. Mr. Little, of the County Donegal Infirmary, Ireland, one in 1856;—all occurring in the subclavian artery. In the first case, the patient was seized with excruciating pain in the tumor at the end of the seventh month, and died of a few days' illness. In the second case, the tumor disappeared between the 22nd and 24th months after manipulation. In the third case, in ten days, pulsation had ceased in the radial, brachial, and axillary ar-

teries. At the end of a year the sac was reduced to the size of a walnut. These are cases in which it would appear to me, from the position of the tumor, that compression could not be made available, and the ligature would be attended with decided risk, if at all practicable.

The practice of producing consolidation of the fluid contents of an aneurismal sac or of aneurism by anastamoses by means of injection, has many advocates at present, and a number of successful cases have been placed upon record. To M. Pravaz, of Lyons, belongs the merit of first recommending this practice. His experiments were conducted only upon animals, with the perchloride of iron. He died, however, without having an opportunity of testing its merits upon the human subject. He also invented a very ingenious syringe for the purpose, so contrived, that one or more drops can be injected, in any given place, at the will of the operator. I am enabled to lay before your readers four cases I have treated in the above manner.

*Case* 1.—Mr. W. F., aged 23, a strong, athletic young man, seemingly in perfect health, clerk in a hardware establishment in this city, consulted me on the 1st April last, on account of a tumor over the right eye-brow, which he says has caused him considerable annoyance for more than a twelvemonth past, and especially during active exercise, when it became fuller, throbbed strongly, gave a perceptible motion to his hat or cap, making them feel unpleasantly tight betimes. He states that when he first noticed it, about four years previously, it was a very small swelling, not larger than an almond, but gradually increased to its present size. He cannot account for its appearance; but has a faint recollection of having received a blow upon the part.

The heart's action and sounds are perfectly normal. Pulse 70 and regular. No evidence of disease in any other part of the arterial system. The tumor is raised, of an oval shape, about the size of half a hen's egg, 2 inches long by $1\frac{3}{4}$ wide; skin of a mottled reddish color. There is a strong visible impulse over its entire surface, and on making pressure the hand is forcibly elevated. Having placed him in the recumbent posture, I applied weights on the tumor, one over another, gradually increased to $4\frac{1}{2}$ lbs, to which a very perceptible impulse was conveyed. It is supplied by the anterior temporal supra-orbital and angular arteries, the former being enlarged to twice its natural size, and very tortuous. On compressing these vessels the pulsation immediately ceases, and in a short time it becomes nearly empty. On applying the stethescope, a very loud whiffing systolic *bruit de soufflet* is audible.

In consultation with, and assisted by Dr. Campbell, I determined upon injecting the aneurism with the perchloride of iron, and, having procured

Pravaz's syringe, the operation was performed on the 9th inst., by passing the small trocar and canula into the tumor, near its centre. When the former was withdrawn, a jet of bright arterial blood spouted out. The syringe was then introduced, with the intention of injecting ten drops; but owing to an accident in its arrangement, not more than a few drops found their way in; but enough to form in a few seconds a small clot, which had a decided influence upon the pulsation, not, however, arresting it completely. The *bruit de soufflet* had altogether ceased. In about three hours afterwards, he suffered for half an hour from tingling pain in the tumor, and for some distance up the forehead.

10*th*.—Slept well during the night. There is œdema of the eye-lids, with a yellowish tinge of the conjunctiva of affected side only. He says that he is quite free from pain and "throb," and could attend to his ordinary business, but for the swelling. Ordered cold lotion to the lids.

11*th*.—The œdema and discoloration has disappeared, and he suffers no inconvenience; but pulsation has not ceased, though the murmur is absent.

On the 15th, the instrument being well adjusted, again assisted by Dr. Campbell, I injected 15 drops, which had the immediate and decided effect of rendering the tumor solid, in eight or ten seconds, one small, darkish spot, about a quarter of an inch in diameter, appearing near its centre, immediately after the operation.

During the following week, he complained of a numbness in the part, which extended a few inches up the forehead; but in other respects was doing well.

1*st May*.—The skin over the dark spot, mentioned above, sloughed, became detached, and a small quantity of a dark thick grumous fluid came away, which was evidently part of the coagulum. Within a few hours afterwards, the aperture became plugged up with a thick crust. Every three or four days, up to the 15th June, a similar occurrence took place, diminishing the tumor to almost a level with the forehead. I have examined the part several times since, and consider that after a few months it will be quite equal in appearance to the opposite side.

*Case* 2.—J. B., an infant, ten weeks old, was brought to me in March last, with a bright-red raised tumor, somewhat larger than half a crown, occupying the left frontal eminence down to eye-brow, projecting about a quarter of an inch above the level of the skin, faintly pulsatile, with an indistinct murmur, can be rendered pale by continued pressure, which also flattens it a little. The mother states that at birth, it was not larger than a sixpence; but after the first week, rapidly increased to its present size.

The child is in every other respect perfectly healthy. From the great size and extent of the tumor, I at first tried setons steeped in the perchloride of iron, crossing them at right angles, without any effect. I next tried the same, steeped in a strong solution of the chloride of zinc. These, though frequently introduced, so as nearly to traverse the entire tumor, seemed neither to suspend or restrain the growth. Perceiving that the disease was increasing, I withdrew the setons, and the following day injected ten drops of the perchloride of iron, which came nearly all away, through the apertures left by the setons. A few drops that happened to remain, produced a small central coagulum. At the termination of four days, I re-injected twelve drops, causing the point of the instrument to move in such a manner as to deposit the injection throughout the tumor. In less than fifteen seconds, the part became of a dark blue color, and hard to the touch. There was no escape of the solution during this operation. On the eighth day, a slough had formed, which came away, leaving a cavity where the tumor previously existed. During the three weeks following, it completely filled up, leaving less deformity than might be expected from the great extent and rapid spread of the disease. At the upper and outer margin of the tumor, a small isolated portion escaped the injection, which I cauterized with a red-hot needle. This had the effect of removing it. It healed in a very short time. I have frequently examined the patient since. She continues to improve daily.

*Case* 3.—S., a fine, healthy-looking infant, eight months old, had at birth, a small bright-red spot on the back, about the size of a four-penny piece, which gradually increased to its present size. It is now as large as a quarter-dollar, considerably raised above the surface of the skin, is of a bright-red color, situated within less than half an inch of the spine, and about on a level with the sixth rib; steady continued pressure renders it pale. There is no murmur.

On the 18th June, I injected 7 drops of the perchloride of iron, causing the injection to diffuse itself as much as possible throughout the tumor (an extremely minute portion, however, escaping). On the 25th June, a slough had formed, which came away. 8th July, the part is almost closed. The portion that escaped injection, I touched with a very fine red-hot needle.

August.—The case progressed very favorably. I have heard twice from its parents, who reside in the country. A perfect cure has resulted, and no deformity.

*Case* 4.—W. H., an infant, five months old, with a dark-colored nœvus on right arm, size of a small raspberry, which was very little smaller at

birth, was brought to me for examination. I injected three drops of the perchloride of iron, which quite solidified the tumor. On the fourth day, it fell off, and on the fifteenth from date of operation, the part had cicatrized. No deformity remained.

In comparing the above results with those which attended the first experiments, as detailed by M. Malgaigne, it will be remarked that none of the unfortunate occurrences to which he refers obtained, for of eleven cases treated by that method, four died; in five, serious complications arose; and in only two instances were cures effected, and those after much suffering.

In addition to the successful cases, detailed by me, I have collected the few following from various sources. M. N. Deslongchamps treated an aneurism of the supra-orbital artery, with complete success. One by Niepce, of popliteal aneurism. Another by M. Serre, of varicose aneurism at the elbow. One by Mr. Wm. Adams, of the posterior tibial, from wound. One by Dr. Pavesi, of Bergamo, 16 drops were injected; in 10 minutes it was solid; no trace in a month. M. Jobert injected 6 drops into a varicose aneurism, at the bend of the elbow; there was some difficulty at first, but finally succeeded. Mr. Lawrence injected 8 drops, two days in succession, into a nœvus of immense size, upon a child's cheek; a cure resulted. M. Fallum injected varicose veins above and below the knee, in a man, 52 years of age, followed by a perfect cure.

M. Paul Broca, in the treatment of superficial aneurisms, (known as wine spots) blistered the part, then applied the perchloride of iron to the surface, with success.

I may here remark, that other substances than the perchloride of iron have been recommended. M. Deschamps has (June, 1856,) used injection of liquor iodo tanique in varicose veins. Six out of seven cases reported were cured. Five drops produced the same effect as one of the perchloride. Mr. H. Walton and Mr. R. Taylor, of the Central London Ophthalmic Hospital, have lately injected vascular tumors of the orbit, with a solution of tannin, with complete success, and without sloughing or distress to the patient. Dr. Brainerd, of Chicago, injected lactate of iron, with the best results. M. Lassanio injected an aneurism, size of a nut, near angle of the jaw, with eight or ten drops of acetate of lead; it diminished by degrees. Alum has also been used. I may remark, in conclusion, that the want of success which attended the early use of the perchloride of iron, was, I consider, mainly owing to the use of a too highly concentrated solution. M. Dubuisson attributed it to an excess of hydro-chloric acid. In the successful cases a solution of low specific

gravity was used. That which I used was prepared and kindly furnished me, by my friend Dr. Craik. It had the specific gravity, 1.388, nearly neutral in reaction, having the peculiar rough astringent taste of the per-salts of iron.

Montreal, August, 1858.

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ART. VIII.—*Cases of Carcinoma Medullare.* By J. A. Grant, M.D., Attending Physician, General Protestant Hospital, Ottawa.

Case I.—*Carcinoma Medullare of the right labium majus, and nates.*—M. C., a female child, æt. 6 months. About this period the mother observed a small moveable tumour, soft to the touch, and seemingly painless, situated in the right labium majus, and approaching near the posterior fourchette. No constitutional derangement was, so far, evinced, consequently the case was allowed to pass on, the mother labouring under the idea that it would ultimately disappear. After a lapse of three months her anxiety became increased by gradual enlargement of the tumour. Medical aid was sought, and, according to her statement, the tumour was removed. Arrest did not here take place, as it soon attained the former size, and progressed until the entire labium majus and nates of right side were involved. This child was first brought under my notice when two years of age; she had then gained the power of her limbs to a moderate degree, yet from frequent attacks of diarrhœa and vomiting, combined with this constant drain upon the assimilative powers of system, she assumed a cachectic and emaciated appearance. As the tumour enlarged, its arterial structure became more vigorous, its tegumentary covering presenting several minute vessels.

Dec. 4, 1857.—At this date the skin became red and inflamed, more particularly at the inferior part, and in a few days presented an ulcerated appearance, whence a bleeding fungus was gradually developed. In the early stage (from the ascertained history) there was evidently little pain, but previous to the parts giving way increased irritability and impaired health strongly marked no moderate degree of suffering. The fatal termination took place shortly after the appearance of the fungus, doubtless induced by the constant drain from a system already tending to dissolution, to which remedial agents only afforded temporary relief.

Case II.—Mr. Appleyard, æt. 52, of sallow complexion, tall and well-formed, consulted me, May 6, 1856, concerning a small tumour situated at the base of his tongue and to the left of the frenum. Upon inspection, it appeared intimately connected with the left sublingual gland and as

to its structure almost homogeneous with that body, about the size of a small hazel-nut, surface pale, slightly upraised and manifestly papillary or tuberculated, no particular vascularity, moderate flaccidity, and unattended by pain, except on deep pressure. Submaxillary glands indurated, enlarged and painful on pressure.

March 1856.—Tumour first observed, but several months previously he experienced submaxillary tenderness, supposed to have originated from cold. A strong solution of Nitric Acid was applied, which after a few days removed the most superficial part of tumour. Ordered, ℞. Potassii Iodidi. gr. xxiv.; Potassæ Bicarbonatis ʒj; Syrupi ℥ss; Aquæ puræ ℥vss. Misce. Dosis ℥j. bis die.

June 2d., 1856.—Having returned to town after this short interval—the tumour had gained on its original size. Acid Nitric was again applied, but followed, after the lapse of a few weeks, by similar results. The peculiar appearance of tumour, its softness, rapidity of growth, and close connexion with surrounding parts, by a broad base, also the enlargement and tenderness of the submaxillary glands, led me to offer no favorable prognosis. About July 1856, Mr. A. entered the Montreal General Hospital, under the charge of Dr. Campbell, who corroborated the diagnosis previously given. The tumour having increased, it was found necessary to remove the two central incisors of lower jaw, into which vacancy it progressed. After a three months tour through various parts of Canada and United States, Mr. A. returned to Ottawa in Sept. 1856. At this date the inferior maxilla had participated in the malignant action, which assumed a very decided and characteristic aspect. The incisor and canine teeth were perfectly loose, and standing out at different angles, to his great annoyance, being now unable to close his mouth, from which saliva constantly discharged profusely. Severe attacks of hæmorrhage now and then occurred and blood in smaller quantity frequently oozed from the surface of tumour. March 1857. Mr. A. visited London, England, and shortly after his arrival expired.

Case III.—*Fungus hæmatodes of both eyes.*—Robert Mooney, two years old, sickly looking, but of robust parents. As stated, when the child was about six months old, a peculiar substance of a yellow shining appearance was observed, situated at the "*bottom of eye.*" Shortly afterwards the child being exposed to cold, was attacked by violent inflammation terminating in ulceration and perforation of the cornea. Being without medical aid, the violence of attack never abated until the humors escaped and the globe collapsed. Eighteen months having passed away, the parents removed to town.

Nov. 1857.—Firmly impressed with the appearance of the eye first at-

tacked, they became suddenly alarmed at observing the sound eye assume a similar aspect. About this date I was consulted, and then procured the previous history. The eye now presented the peculiar expression of blindness. Pupil widely dilated, and behind it, seemingly at the most remote part of posterior chamber, there was placed, a tawny-yellow colored or cheesy looking substance with slightly irregular surface. After a lapse of four months this substance had moved forwards almost to the same plane with iris. When the disease had existed seven months, the globe grew larger, became more prominent, and steadily progressed until the lids only formed folds, retracted and firmly seated posterior to the tumor. At this stage an evident change was taking place in the opposite orbit, resulting in a gradual enlargement or growth, proceeding from the collapsed coverings of globe. The anterior chamber of right eye lost its transparency, the boundary between the cornea and sclerotic disappearing at the same time; ulceration attacked the quasi cornea, giving vent to a bleeding fungus, which expanded rapidly, yielding an ichorous discharge. Feverish symptoms now increased with great loss of strength. Simultaneous with the growth in left orbit, a glandular swelling was observed behind the right ear, and extending to the angle of jaw. The tumor from left eye also rapidly developed a bleeding fungus, not falling far short of that from the opposite eye. About eight weeks after the appearance of second fungus, death terminated his miserable existence.

*Remarks.*—As any of the tissues wherever nutrition is in progress, are liable to be affected by cancer, hence its vast range, springing up wherever the essential conditions, partly constitutional and partly local, are so disposed. Through the influence of the microscope, the various forms of this disease have been arranged under three heads, according as blastema, cells, or fibrous tissue predominate. Gelatiniform cancer an example of the first; cancinoma medullare or soft cancer of the second; and Scirrhus or hard cancer, of the third; the other varieties met with being mere modifications of these. However, exceptional cases present, as when two or more varieties are blended together so as to afford much difficulty of classification. It is now an established fact, that cancer tends to diffuse itself throughout the various tissues of the body.* Virchow has recently shown that the local changes are not limited to the parts which are the seat of the deposit, but that the surrounding structures, which appear to the naked eye, sound and healthy, are also implicated. This knowledge, being correctly ascertained, will in a great measure account for the tendency cancer has, when once removed, to again appear

*British and Foreign Med. Chirurgical Review, 1855, p. 39.

in the neighbourhood of its former nidus. On the other hand, M. Velpeau* says he does not found his diagnosis on the non-recurrence of tumours, but on the general appearance of the patient.

Case No. 2, in its advanced stage, presented a marked peculiarity. The inferior maxilla gradually became diseased and broken down, as to its structure. During this period, the teeth protruded in different directions, being removed from their alveoli by the diseased action. At the request of patient, one very troublesome was removed, subsequently attended by very profuse bleeding, only arrested by solid Argenti Nitras. Upon inspection, the fang or tooth, appeared perfectly sound, but the surrounding structure adhered to it with more than ordinary tenacity. At this stage of the disease, and even anterior, the cancerous cachexia was highly marked, bringing about (as M. Lebert states,) (Braith. Retrospect. part 27. p. 40.) a general death of the system, by infection of the entire economy. Cases 1st and 3d present the same variety of cancer, similar in nature, progress, and fatal termination, although attacking different parts of body. Fungus Hæmatodes of the eye, says Travers (*Lawrence on the Eye, p.* 703) is not a disease of this or of that texture, as writers would insinuate, but of all the textures, the crystalline lens and cornea excepted, which yield to its progress, but never exhibit a specific change of structure. As Scirrhus and Fungus Hæmatodes are sometimes confounded with each other, I have inserted the following characteristics of these two diseases.

| *Scirrhus.* | *Fungus Hæmatodes.* |
|---|---|
| Chronic and indolent,—grows for years. | Grows rapidly,—and attains a prodigious size. |
| Moderate in size. | Appears in all ages but most frequently in the young. |
| A disease of advanced life almost exclusively. | Pretty abundant. |
| Fluid matter of slight extent. | Preternatural degree of vascularity. |
| Traces of vascularity—indistinct. | Excess of cells. |
| Excess of fibrous tissue. | |

## REVIEWS.

ART. VI.—*An Inaugural Dissertation on Strychnia.* Presented to the Medical Faculty of McGill College, 1st May, 1858—prior to receiving the degree of Doctor of Medicine and Surgery—by Alexander P. Reid, Montreal. Pp. 39. 1858.

The more original portions of this dissertation appeared in the pages of our last (fifth) volume. Having been re-considered, and amplified by

* Braith. Retrosp. No. 13, p. 50.

the introduction of additional matter, the whole was carefully written out and presented as a thesis to the McGill College Medical Faculty, prior to the graduation of this year. Upon examination it evinced features of such an unusually commendable character among productions of a similar nature, that the Faculty resolved to shew their approval by publishing it at their own expense. The honour with which it is in consequence invested is sufficient testimony in its favor. Without therefore saying more about it, we may hope the occurrence will prove profitable by way of stimulus, and instigate future candidates to emulate the endeavour of Mr. R., which has proved so successful, by, like him, producing inaugural dissertations exhibiting ability and diligence in personal researches upon some professional subject of first-class importance in a practical order. The Essay may be obtained through B. Dawson & Son, Great St. James Street.

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ART. VII.—*Medical and Physiological Commentaries.* By Martin Payne, M.D., A.M. Two Volumes. 1840. *New York:* Collins, Keese & Co. *London:* John Churchill. *Montreal*: B. Dawson and Son.

*The Institutes of Medicine.* By Martin Payne, A.M., M.D., LL.D., Professor of the Institutes of Medicine and Materia Medica in the University of the City of New York; Corresponding Member of the Royal Vereinfür heilkunde en Preussen, &c. 1858. Pp. 1095. *New York:* Harper & Brothers. *Montreal:* B. Dawson & Son.

No one can peruse these volumes of Dr. Payne without being forcibly impressed with the vast amount of erudition displayed by the learned author. Every page bears witness to an extent of reading and research really surprising. It is not only the standard medical works in various languages that he has consulted, but periodical literature has been thoroughly ransacked to discover new thoughts, truths and experiments in support of, and bearing upon, the peculiar views he advocates.

The first question proposed by our author, in the first chapter of the first volume of the Commentaries, is—"What is Life?" A very perplexing interrogatory indeed, and one that has caused a good deal of discussion, angry and otherwise, in the physiological and philosophical worlds. To our humble comprehension, however, it has been in too many instances like the disputes of the schoolmen of former days—a war of words merely. The most bitter opponents have been fighting for precisely the same thing in essence, solely because they have in their

wisdom given that which they battle for a name differing somewhat in its signification from some other name bestowed by other theorizers; and in reading their lucubrations we have often been led to exclaim:

"Strange, such a difference should be
'Twixt *tweedle-dum* and *tweedle-dee*."

Dr. Payne is decidedly opposed to the tenets of the zoo-chemical school, and adopts the doctrine laid down by Mr. Lawrence, viz.: "The primary or elementary animal structures are endowed with vital properties; their combinations compose the animal organs, in which, by means of the vital properties of the component elementary structures, the animal functions are carried on. The state of the animal in which the continuance of these processes is evidenced by obvious external signs is called life." This view of the vitalists has been animadverted upon by Prof. Lehmann, one of the most able and distinguished of the chemical school, in his recent work on Physiological Chemistry. "If these happy admirers of their own ideal," he says, "had descended from their airy heights, and closely examined organic and inorganic matter, they would not have deemed it necessary to assume, that besides carbon, hydrogen, oxygen, and nitrogen, organic substances must also contain an *organogenium*, or latent vital force, or whatever else they may be pleased to call it. Had they sought information from a chemist, they would have learnt, that when exposed to the clear light of rigid logic, there is no essential difference between organic and inorganic bodies; a chemist totally unacquainted with organic matter would, *à priori*, have deduced all these incidental differences of matter from the doctrine of affinity and the science of stoichiometry, evolved from dead matter."

As we agree in the main with the vitalists, although differing from them in some respects, and as we admit the vast importance of much that is taught by the zoo-chemists, we shall endeavor to give our readers, in as few words as possible, the view we take of life. That what are called vital actions give rise to, or are accompanied by chemical phenomena, no one will deny. In the development of the germ—in the gradual growth and evolution of an organism—in the varied and intricate processes which subserve the sustentation and continuous well-being of the individual of any form of life—chemical forces undoubtedly play a great and highly important rôle. But while they do so, it is evident, and quite capable of proof, that they alone do not give rise to the phenomena characteristic of living organisms; or that organized matter is the result of their operations. If, for instance, we take the simplest expression of life, such as we find manifested in the development and multiplication of cells in the growth of the simple cellular plants, we

will find that chemistry is completely at fault in explaining the processes that take place, and we are obliged to refer the phenomena to the operation of some power resident in and peculiar to the germ, to which, indeed, the chemical forces are secondary and subordinate. To this power physiologists have given the name of vital force, and properly so, for if force be merely an abstract idea, the term standing the representative of that *something* which the mind recognizes as the active agent in the production of phenomena already familiar to it, it is quite as logical to bestow the name of vital force on that cause which produces in organic matter results that are constant and invariable, certain determinate circumstances being present, as it is to apply the term of chemical force to that power which in operation results in the production of what are so well known as chemical phenomena. Vitalists have logically the same right to their *organogenium*, as chemists have to their chemical force, and they can, therefore, afford to smile at the sneers of Prof. Lehman and philosophers of the same school. The worthy Prof. has, in the quotation which we give above from the opening chapter of his fine work on Physiological Chemistry, afforded additional proof of the truth of what Locke says concerning those who devote much time to the study of some favorite branch of science. "Let a man," observes that great thinker, "be given up to the contemplation of one sort of knowledge, and that will become everything. The mind will take such a tincture from a familiarity with that object, that everything else, how remote soever, will be brought under the same view. A metaphysician will bring ploughing and gardening immediately to abstract notions; the history of nature will signify nothing to him. A chemist, on the contrary, shall reduce divinity to the maxims of his laboratory, explain morality by *sal*, *sulphur*, and *mercury*, and allegorize the scripture itself, and the sacred mysteries thereof, into the philosopher's stone."

We have selected the development and multiplication of cells as an illustration of vitality, for the simple cell may be regarded as the type of organization. All organized bodies, no matter how complex soever they may be in their structure, have their origin in nucleated cells. There is no appreciable difference between the germ of the lowest vegetable and that of the highest animal. In the developement of a cell, the germ when placed in favorable circumstances attracts to itself from the fluids by which it is surrounded such nutrient particles as are in each case necessary for its increment and growth, elaborates them into proximate principles, by the incorporation of which into its own structure, it increases in size. Shortly, the cell-wall a transparent homogeneous membrane; and the cavity, containing a

fluid either limpid and transparent, or varying in tint, as the case may be, becomes apparent. The process of assimilation goes on, the cell enlarges, and the fluid in its interior, heretofore apparently homeogenous now exhibits a finely granular appearance. The minute granules, aggregate and form molecules of a larger size which adhere to the side of the cell-wall, from which, however, they soon become separated. After a time rupture of the cell-wall takes place, the numerous molecules are set free, and become in their turn the elaborators of new cells. In some instances, however, complete development of cells occurs within the parent cell.

Now, can chemists explain all these changes by the laws of their science? Certainly chemical phenomena are present and to the prejudiced or superficial thinker they may appear to prove that all the changes are the result of chemical forces simply. Carbon, nitrogen, hydrogen and oxygen are separated from previously existing combinations, and enter into the formation of the structure of the cell; but is that effected through the agency of chemical affinity? Possibly it may, and admitting this, will that power called chemical force, such as we recognize it by its phenomena, explain how the same ultimate elements are made to combine so variously, in such close contact, as to form the different constituent parts of the cell. Why, as in inorganic substances, do they not unite uniformly when liberated from previously existing combinations and brought so close within the sphere of each other's affinities? Why do carbon, hydrogen, oxygen and nitrogen unite in such proportions as are necessary to the formation of the proteine cell-wall, instead of forming carbonic acid, ammonia or water? And it must be remembered that this power of selecting simple elements and rearranging them into combination for its own development and for the formation of others of its kind out of a formless material, when placed in favourable circumstances is impressed on every germ that descends from the parent one. In reply we would say, that there is a power acting through the material of the germ, which in its manifestations differs from anything we know of the operation of the special physical forces operating through inorganic matter and to this power we give the name of *vital force*. It is peculiar to organized matter and in its workings gives rise to those results termed *vital phenomena*. Its activity is Life.

## CLINICAL LECTURE.

*Clinical Lecture on Dyspepsia.* By M. Trousseau—Hotel Dieu, Paris.

(Translated by ***. *Pacific Medical and Surgical Journal.*)

Let us examine the medical treatment. In some cases, the dyspeptic by improving his digestion, is freed from his indisposition, just as a person with a cold gets well by not exposing himself again to the influences which produced his ailment. But, in many cases, the disease resists the return of the habitual healthy nutrition. It persists with the most obstinate tenacity, which is sometimes owing to the dyspepsia being rooted, as every chronic affection is, or because it depends upon some influences of a particular diathesis.

Many physicians smile when you speak to them of dartrous or rheumatic angina; still, nothing is more common. A person has an eczema of the face; this eczema reaches the nose and the pharynx, and this region becomes the seat of habitual pain. We recognize a granulous angina which is herpetic, that is, dartrous, in its nature. We are astonished because it lasts many years, and yet, we are not surprised to see a lichen, a common leprosy, or any other affection of the skin continue indefinitely. These are, nevertheless, the same affections: the difference consists merely in the *situs*. In the throat, as on the skin, the persistence is the same. I have already told you, on many occasions, that diatheses set their seal upon diseases, inflammation, chronic inflammation; and that of the stomach enjoys no more exemption from this influence than does inflammation of the skin, or the pharyngeal, urethral, and uterine mucous membranes.

Independently of this peculiarity, which the pathologic condition of the digestive tube may present, independently, for example, of its herpetic or gouty character, we must still take into consideration the quality of the inflammation. Generally, to treat chronic inflammation independent of a diathesis, the means are sufficiently definite: we have only to remove the cause,—which is not always sufficient to cure—or to employ certain topical alterants. For a chronic ophthalmia, for example, we resort to powdered collyria, calomel mixed with sugar, carbonate of zinc; or to liquid collyria, as solution of the sulphate of zinc, copper, ammonia, or nitrate of silver; to unctuous collyria, such as pomades of Regent, Desault, Dupuytren, if the inflammation occupies principally the eyelids. Is it a chronic inflammation of the nasal mucous membrane—a chronic coryza—we make the patient snuff mercurial powders; we inject solutions of the sulphate of copper, sulphate of zinc, nitrate of silver

and chloride of potassa; in a word, we attack inflammation of accessible mucous membranes directly with therapeutic agents, with calmants and alterants with which we are aquainted, and aid their local action by general treatment directed to the diathesis—the general condition which controls these local affections.

In diseases of the stomach *modificatives* and *substitutives* may be employed. If the inflammation is sub-acute, if the dyspepsia is a consequence of gastritis which has passed into the chronic stage, emetics are the most powerful among the substitutive agents. When we have to treat that acute phlegmasia called bilious, we give either ipecacuana or antimony, and often both together. An emetic in contact with a mucous membrane causes a violent irritation, (*phlegmasia*) but of short duration, as every therapeutic phlegmasia should be. Tartrate of antimony acts in this respect on the internal tegument as it does on the skin, where you are well aware it produces inflammation. We may say the same of sulphate of copper as irritating to the gastric mucous membrane, as (when applied locally) to the nasal ophthalmic linings. So when you administer an emetic of ipecac, antimony, polygala, veratrum album, sulphate of copper, sulphate of zinc, etc., you substitute for the existing phlegmasia of the gastric membrane another phlegmasia, but the latter is more acute, less persistent, and disappears spontaneously. [That such a temporary violent inflammation is produced by an emetic one has only to recollect the burning sensation at the stomach after vomiting, and the thirst it often causes. * *] You employ a substitutive medication, like that in the treatment of blennorrhagia by caustic (*catheretique*) or astringent injections. It is in this manner that emetics are of such real service. It is also by their substitutive action that blue pill, calomel, and mercurials under all forms, are of so great utility in certain cases—not from facilitating the evacuation of the vitiated intestinal contents, the bile or the altered secretions of the stomach, but from their modifying in their own peculiar manner the gastric phlegmasia. At the same time these alterants should be administered with caution, for one cannot vomit or purge a patient with dyspepsia every day with impunity; the therapeutic action being surpassed, there would be substituted a phlegmasia not to be subdued as a passing irritation, but as a new inflammation, which would certainly be followed by accidents more or less severe. Excellent medication may intervene, as occasion requires: the sub-nitrate of bismuth, and prepared chalk, (that is, the carbonate of lime precipitated from the chloride of calcium by carbonate of soda) every day employed in the treatment of external irritations of the teguments in the intertrigo of children and in certain ophthalmias. They are also prescribed in lave-

ments to great advantage, as Dr. Laseque has demonstrated, to combat diarrhœas, obstinate colic in children, or even adults. The sub-nitrate of bismuth and prepared chalk, given in large enough doses—160 grains, or more—acts with the same efficacy in inflammations of the gastric mucous membrane. The inflammation having yielded to the employment of the various medications, the secretions of the stomach may become normal; nevertheless there are cases in which it is necessary more especially to aid the secretory functions. In these cases we administer special acids, such as the hydro-chloric or lactic, which you have seen me prescribe to many of our dyspeptics. You may also derive great benefit from these acids when the difficult digestion depends upon chronic gastritis. While with some persons acids produce excellent results, with others, strange to say, alkalies succeed infinitely better, and certain mineral waters are then of immense advantage. These waters are mineralized, some by the bicarbonate of soda, almost exclusively, others by the bicarbonate and sulphate of soda and by the chloride of sodium, others, finally, by the carbonate of lime, magnesia, bicarbonate of soda and iron. I will not describe their mode of action, but it is a matter of experience that, in chronic affections of the stomach, after having undergone previous treatment, difficult digestion only remaining, these mineral waters succeed admirably, whilst in others acid mixtures are successful. We will discuss, at the proper time, how agents so dissimilar comport now with one form of dyspepsia and again with another; but, at present, I will, without trying to explain more fully, point out this action in a general manner, and then I will show you what circumstances demand the employment of this or that category of remedies.

In speaking of the varieties of dyspepsia I said there was one variety which was attended with a sort of phrenzy of hunger, an imperative want of food, (*boulimie*) with a feeling of vacuity in the stomach a little after eating, with digestive disturbance characterized by diarrhœa, almost immediately after the ingestion of aliment. The patients say themselves, that "*they digest quickly, that their food does not distress them, that their stomach is excellent, that their intestines only are affected.* I have explained to you the *mechanism* of these diarrhœas, and need not repeat. In this particular form of dyspepsia, opium, that remedy which is so often used without reason in affections of the alimentary tube, is particularly useful. Opium should be administered with the greatest circumspection, in doses which it is impossible for me to determine in advance, but of which you must yourselves be judges, after you shall have ascertained the aptitudes of your patients. Nothing is, in truth, more variable than the quantity in which this remedy should be given, and

this not only in reference to different individuals, but to the same person under different circumstances of the morbid condition. If there are some who can take enormous quantities of this drug, (recently, a man suffering with convulsive neuralgia took 80 grains of gummy extract ofopium in twenty-four hours) there are others for whom a single drop of laudanum is sufficient. There is no therapeutic agent so difficult to manage as this; it is generally dispensed with too much prodigality, without taking into consideration the degree of individual tolerance, which is so far from uniform. In dyspepsia, begin with very small doses; at first, give but a single drop of laudanum, and increase the dose very slowly. Order opium not after but before a meal; this will lull by degrees the muscular excitibility without extinguishing organic sensibility, digestion will become more natural and the diarrhœa will cease. Large doses, on the contrary, go beyond the action we wish to produce—stupefy the muscular excitability and organic sensibility at the same time, arrest the movements essential to gastric secretion, and hinder the accomplishment of digestion. Belladonna, in this particular form of dyspepsia, in the diarrhœa with which it is complicated, and the relief of which depends upon augmentation of the muscular movements of the stomach, may also be of considerable service. This assertion will perhaps appear opposed to what you know of this remedy: that ordinarily it produces an effect contrary to the one you desire, causing, like all the poisonous *solanaceæ*, laxation of the bowels, contrary to opium, which constipates. This property is such that one is tempted to abstain, as a general rule, from every preparation of belladonna in diarrhœa. With reason, we avoid its administration in flux or lientery, when their cause is in the intestine itself, but it is a mistake to neglect its employment in diarrhœa depending on increased excitability of the muscular fibres of the stomach; for, as I have just intimated, in these cases belladonna has been followed by results quite as favorable as those produced by opium. In a large number of cases, the *solanaceæ* and belladonna are the most powerful remedies for constipation. There are individuals who can never go to the *garde-robe* without they are smoking a pipe or cigar; others, to obtain the same effect, are obliged to take a henbane pill weighing half a grain or a grain. Henbane, tobacco, in short, all the *solanaceæ*, act in the same manner, from the absorption of the virous principle in which their medical properties reside. I will say this much, then, concerning belladonna, the efficacy of which, as a medicament to oppose to constipation, is so well known since the remarkable labors of Bretonneau. Belladonna must be given in very small doses; one-sixth of a grain often suffices, and rarely is it necessary to give more than one-third or one-half of a

grain at a dose. It seems, at first view, that relatively to the same medicament employed to suppress diarrhœa, I contradict what I have just said; nevertheless, this contradiction is only apparent. In the form in which we propose to combat it with this virus, the diarrhœa is owing only to an exaggerated contractility of the muscular coat of the stomach; belladonna moderates this contractility, the flux which is the consequence of it, and, in a great number of cases, cures the dyspepsia. The subnitrate of bismuth acts in the same manner; it should be given at mealtimes, mixed with food, in a dose of 15, 30, 45 or 60 grains. The oxyde of zinc, in smaller doses, (15 to 30 grains,) is equally beneficial.

In my next lecture I will enter into some details concerning the treatment of dyspepsia attended with acid eructations.

## THERAPEUTICAL RECORD.

*A new Anæsthetic.*—J. D. Wingate, of Bellefont, Penn., states in the Dental News Letter, that he has used the *essence of cloves* in a number of instances, producing sufficient anæsthetic effect for dental purposes. He administers from ten to sixty drops, and latterly has combined a small quantity of the essence of nutmeg with the essence of cloves.—*Med. Reporter.*

*Croup.*—Dr. Shelton believes he has derived some advantage from the application of the following ointment every two hours, to the sound skin over the trachea:—℞. Ext. belladon. ʒ ij.; ung. hydr. nit. ʒ vj. M. With this any other of the ordinary remedies may be conjoined.—*American Druggist's Circular.*

*Electrical Tooth-pulling.*—A new process of extracting teeth has been tried in Baltimore with success. All that was felt was a numbing sensation about the teeth, produced by passing a current of electricity through the tooth at the time of extracting. The patient grasps firmly in his hand one pole from an electro-magnetic machine, the other pole is attached to the forceps, and by this means a current of electricity is passed through the tooth, and produces local anæsthesia, and so avoids the use of chloroform or ether.—*Ibid.*

*Injection of Sesquichloride of Iron in severe Menorrhagia.*—Dr. Breslau relates a case in which very obstinate and copious menorrhagia, accompanying a retroflexed state of the uterus, after resisting various other means, speedily yielded to an injection of equal parts *liq. ferri sesq.* (*Bavarian Pharmacop.*) and distilled water.—*Ibid.*

*Inhalation of Sal-Ammoniac in Chronic Catarrh.*—Dr. Gieseler speaks highly of this. A drachm of dry muriate of ammonia is heated over a spirit-lamp, and the patient inhales the vapor. He says the same means are of service in scrofulous affections of the eyes, and in catarrh of the bladder.—*Ibid.*

*Application for Chilblains.*—1. Powdered borate of soda 10, and pure glycerine 10 parts, ess. lavender, etc., q. s. Signor Ruspini recommends this to parents as highly useful, applying it every evening to the feet when chilblains are even threatened. He has also found the application useful for the removal of freckles in hot weather. 2. Collodion 30, Venice turpentine 12, and castor oil 6 parts. These are to be intimately blended by aid of a gentle heat.—*Ibid.*

# PERISCOPE.

*Nitro-Glycerine, or Glonoine as a Therapeutical Agent.*

A notice of this substance was written by Dr. Vry, of Rotterdam, in 1851. The following are extracts made from that paper:—

"In 1847, when Chemists were intent on the production of gun cotton, M. Sobrero made known the fact that glycerine, when treated with a mixture of sulphuric and nitric acids, yielded a similar compound, which he described as an oily liquid, heavier than water, in which menstruum it was insoluble, although readily dissolved by alcohol and ether.

"According to this author, the smallest quantity of it was sufficient to produce a most violent headache, from which he concluded it would prove a most dangerous poison.

"My attention has lately been again directed to this subject by the statement in some foreign journals, that nitro-glycerine is being employed in America as a Therapeutic agent under the name of Glonoïne. Besides the interest which attaches itself to this substance in a scientific point of view, therefore, it seems to possess a certain value as a pharmaceutical agent.

"This consideration induced me to try and ascertain the best mode of preparing this substance, and again reviewing its principal properties.

"*Preparation.*—After repeated experiments I found the following the best mode of preparation:—100 grammes (1543 3 grs.) of glycerine, freed as much as possible from water, and having a sp. gr. 1.262, were cautiously, and in small quantities at a time, added to 200 cubic centim. (18 ounces) of monohydrated nitric acid, previously immersed in a freezing mixture. The temperature rises upon each addition. It is therefore necessary to allow the mixture to cool down again to—10° C. (14° Fahr.) before any fresh addition is made, as it is very necessary that the temperature should never rise above 0° C. (32° Fahr.) When the glycerine and nitric acid have formed a homogeneous fluid, which may be facilitated by stirring the mixture with a glass rod, 200 cubic centim. (18 ounces) of concentrated sulphuric acid are cautiously and slowly added.

"This operation is accompanied with the greatest danger, if the temperature is not continually watched. Experience, however, shows me that there is no reason for fear, provided the temperature be always kept below 0° C. (32 Fahr.)

"Once I saw the temperature run up to 10° C. (50 Fahr.) without occasioning an explosion; but between 10 C. and 20 C. a violent reaction suddenly takes place, and the mixture is violently propelled from

the vessel. I, however, repeat again that such an accident can be safely avoided by keeping the temperature below 0° C.

"When these precautions have been taken the nitro glycerine separates, after the addition of the sulphuric acid, in the form of an oily liquid floating on the surface, and may be collected by means of a separating funnel.

"The product thus obtained, which is still contaminated with a little acid, weighs about 200 grammes (3086.6 grs.) A still further portion, however, about 20 grammes (308 6 grs.) may be obtained from the acid liquor by diluting it with water.

"The products thus obtained are then dissolved in a small quantity of ether, and this resolution repeatedly shaken with water till all traces of acid are removed. The ethereal solution is then heated over a water-bath till nothing more is volatilized. The resulting quantity will be about 184 grammes (2838.6 grs.) The composition of glycerine being $C_6$ $H_8$ $O_6$=92, and 100 parts of glycerine yielding 184 of nitro-glycerine, we may infer that the composition of nitro-glycerine is $C_6$ $H_6$ (2 NO4) $O_6$=182. I am at present endeavouring to ascertain if this inference is correct.

"*Properties.*—Nitro-glycerine is an oleagenous liquid of a clear yellow colour, having a sp. gr. from 1 595 to 1 600. Heated to 160° C. (320° F.) it is decomposed, evolving red vapours; at a higher temperature it either explodes or inflames without any detonation.

"It is difficult to determine accurately the point at which explosion takes place; it is best observed by allowing the nitro-glycerine to drop from time to time upon a piece of heated porcelain. At first it burns away with a vivid flame, but as the temperature diminishes, it violently explodes, evolving red vapours, and frequently breaking the porcelain on which it falls.

"By placing a drop on an anvil and striking it with a hammer, it instantly detonates. When properly prepared and free from acid, it may be kept for any length of time. I have some in my possession which has been kept for two years without undergoing the slightest change.

"Upon the addition of sulphuric to the etherial solution, decomposition ensues, and a great quantity of sulphur is thrown down.

"I am engaged in investigating this reaction, which perhaps may throw some light on the constitution of nitro-glycerine."

Nitro-glycerine appears to have been used for several years past in America, under the name of Glonoïne; it has also been used in this country by homœopathic practitioners. Recently it has been brought into more general notice by the publication of the results of some experiments

which have been made with it by Mr. Field of Brighton, by Dr. Fuller of St. George's Hospital, and by Dr. Harley of University College, which results were published in the *Medical Times and Gazette* of March 20th and April 3rd.

The following is Mr. Field's description of his experience of the effects of glonoïne :—

"In the evening of the 3rd of February, 1858, I was conversing with a homœopathic practitioner, when he mentioned a medicine which possessed peculiar and extraordinary qualities, some of which he described as having affected himself, though he had taken it in very minute quanties. I laughed at his credulity, and offered to take as much as he pleased, upon which he let two drops of what he called the first dilution of glonoïne fall on my tongue. After swallowing this small quantity of fluid—I was assured the quantity did not exceed two drops—I asked what effects I must expect, but was told to wait and observe for myself. I then purposely conversed on other subjects. In about three minutes I experienced a sensation of fullness in both sides of the neck, to this succeeded nausea, and I said 'I shall be sick.' The next sensation of which I was conscious was, as if some of the same fluid was being poured down my throat, and then succeeded a few moments of uncertainty as to where I was, during which there was a loud rushing noise in my ears, like steam passing out of a tea-kettle, and a feeling of constriction around the lower part of my neck as if my coat was buttoned too tightly; my forehead was wet with prespiration, and I yawned frequently. My intellects returned, however, almost immediately, and I remember saying, 'This has nothing to do with homœopathy, but it has to do with a very powerful poison; there are more things in heaven and earth than are dreamt of in the philosophy of some of us.' I also reproached my friend for not having tested the anæsthetic power of the medicine by inflicting a slight wound on me. I need scarcely say I am thus minute in my description of what occurred, that an accurate idea may be conveyed of the actual effect produced on me, as well as to justify the uses to which I have since put the medicine. When these sensations had passed off, which they did in a minute or so, they were succeeded by a slight headache, and dull heavy pain in the stomach, with a decided feeling of sickness, though without any apprehension that it would amount to vomiting. I lay on a sofa, feeling rather languid, but talking cheerfully, conscious at the same time that I could very well exert myself both mentally and physically, if I liked, but that it was more pleasant to be idle. This condition lasted about half an hour, at the end of which I was quite well and walked home, a distance of half a mile, with perfect comfort. I

slept soundly from one o'clock till six, when I was called up, having a slight amount of general headache, but not such as I should have regarded but for the recollection of last night's adventure.

"The physician to whom I am indebted for this overdose told me, that when his first impression that I was shamming had passed off, my condition caused him the greatest alarm, for he really thought he had killed me. I learn from him that my head fell back, my jaw dropped, I was perfectly white, breathing stertorous, and no pulse at the wrist for the space of about two minutes. He immediately rushed to a closet and procured some stimulant, which he poured down my throat. I had never been in better health and spirits than on the day of this occurrence, and had taken nothing for hours but a little cold tea.

"This same first dilution of glonoïne consists of one drop of a peculiarly chemical compound, dissolved in ninety-nine drops of rectified spirit: and glonoïne itself, I learn to be a nitrate of oxyde of glycyl, prepared by adding nitric and sulphuric acids to glycerine, the temperature of the fluids being kept down by a freezing mixture."

The experience of Dr. Fuller was, however, very different from that described by Mr. Field. He says:—

"The extraordinary effects ascribed to glonoïne by Mr. Field, in a communication inserted in the *Medical Times and Gazette*, of the 20th instant, induced me this morning to undertake a series of experiments, in conjunction with Dr. Harley, of University College, with the view of testing the effects of this agent; and as the subject is one which has attracted some attention, it may be useful to make the profession acquainted with the results at which we arrived. I leave to Dr. Harley to describe the details of the experiments in his own case as also of those on a rabbit to which we administered this substance, and shall merely premise that the glonoïne which I swallowed was pure glonoïne obtained from Morson's of Southampton Row, diluted with 10 parts of rectified spirit; whilst the glonoïne which Dr. Harley took was pure glonoïne, obtained from a homœpathic Chemist, diluted with 6¾ parts of rectified spirit. Eight drops of this latter solution added to 92 drops of rectified spirit would form (so the homœopathists chemist stated,) the solution of glonoïne, and described by Mr. Field as glonoïne of the first dilution. It would contain one drop of pure glonoïne to 99 of spirit.

"Our experiments commenced at 12.45 o'clock, at which time my pulse was 80, and my respirations were eighteen in a minute. I began by taking two drops of a solution containing one drop of pure glonoïne in 99 of rectified spirit—the solution employed by Mr. Field. It was sweet to the taste and warm, and imparted a flavour or odour somewhat resem-

bling chloric ether. In the course of a minute I felt, or fancied that I felt some fulness of the head, but was not conscious of any other unusual sensation. At four minutes past one o'clock I took two drops of the solution obtained from Morson's, or in other words, one-sixth of a drop of pure glonoïne, which is equal to seventeen drops of the solution spoken of by Mr. Field. It was very sweet, and pungently hot to the tongue and throat, giving rise to a burning sensation which lasted several minutes. At six minutes past one my pulse had risen to 96, and I felt, or fancied that I felt, increased fulness about the head, but without giddiness or confusion of thought. My pupils were not affected, and I did not experience any unusual sensation beyond that just referred to. At 1.15 o'clock I took 4 more drops of Morson's solution, or in other words, one-third of a drop of pure glonoïne, which is equivalent to 33⅓ drops of Mr. Field's solution. At 1.18 o'clock my pulse was still 96; my respiration remained tranquil; my pupils were unaffected, and I was not conscious of any unusual sensation, except a sense of slight fulness in the head. As no further symptoms occurred, at 1.30 o'clock I swallowed 6 drops of Morson's solution, or in other words, half a drop of pure glonoïne, which is equivalent to 50 drops of Mr. Field's solution. It was intensely hot to the mouth and gullet, rendering it necessary for me to swallow half a glass of water. I felt somewhat nervous, and for a few moments the surface of my body became covered with a clammy prespiration; my pulse intermitted occasionally, and I experienced, or fancied that I did so, an increase of fulness about the head: but the pupils remained unaltered, and in no other respect did I perceive any difference from the effects produced by the former and smaller doses. In a few minutes the nervousness passed off, and at 1.35 o'clock my pulse was 90 and regular. At 1.40 o'clock my pulse was 86, and my respirations were 16 in a minute. At 1.50 o'clock my pulse had fallen to 80 or the standard at which it was found before the commencement of the experiments.

"Thus, within the space of one hour I took rather more than 1 drop of pure glonoïne, which is the amount contained in 80 drops of the solution spoken of by Mr. Field. This would appear conclusive as to the fact that whether in weak solution (1 in 100) as employed by the homœopathists, or in a strong solution (1 in 6,) glonoïne does not produce the effects which have been ascribed to it; and that, contrary to what has been stated by Gmelin and implied by Mr. Field in his recent communication, it may be taken with impunity in considerable quantity. Whether the acceleration of the pulse which was observed in the first instance was attributable to the effect of glonoïne, is a question which requires further experiments to determine. My own impression is, that

it was purely the effect of the nervousness or excitement resulting from the experiments in which we were engaged, for had it been otherwise, it is not probable that the pulse would have fallen to its natural standard within so short a period after taking the larger doses. The fulness in the head may have been attributable in part to the same cause, but some discomfort about the head, not amounting to headache, continued for several hours afterwards, and I cannot help thinking that it is fairly referrable to the effect of the glonoïne I had taken. I will only add, that for some weeks I had been suffering from slight bronchial irritation, with frequent expectoration of thick mucus, and that since I swallowed the glonoïne I have not had occasion to cough or expectorate."

The results thus described by Dr. Fuller were substantially confirmed by Dr. Harley. Both these physicians failed to produce effects such as had been described by Mr. Field.* Although it thus appeared that nitro-glycerine or glonoïne was not so powerful a medicinal agent, as Mr. Field's first account seemed to indicate, yet it was probable that it would be tried by other medical men, and it was therefore important that pharmaceutical chemists should be acquainted with the particulars of what had been published on the subject.

Dr. Edwards remarked that he had several times prepared glonoïne for medical use, and he thought the physiological evidence affirming its peculiar action on the nervous system was fully established. He thought much had yet to be learned with respect to the action of minute doses of medicine, and that it was wrong to assume that because certain results followed the exhibition of minute doses, that much more violent effects of the same character would be produced by larger quantities. Glonoïne appeared to undergo decomposition resembling that of gun-cotton when long kept, especially if exposed to the light, or in a warm temperature.

[In a later number of the Journal, Mr. Field publishes the subjoined reply to Mr. Fuller's account of its effects. The difference in the results obtained by different persons, lead fairly to the conclusion that glonoïne is an agent of great potency, but that it may safely be used as a therapeutic remedy, if used with a proper degree of care.]

Sir,—In the last number of your Journal it is stated in reference to nitro-glycerine—"Mr. Field has subsequently repeated the experiments on himself, and has results similar to those described by Drs. Fuller and Harley." It is quite true that on one occasion two drops of the solution of

* Mr. Field has subsequently repeated the experiments on himself, and has got results similar to those described by Drs. Fuller and Harley.

nitro-glycerine had no effect on me beyond the production of a very decided headache, but it must be understood that I then used a less powerful specimen, and, as a measure of safety, it should also be stated that complete insensibility was caused by a smaller quantity of another specimen when applied to the tooth of the patient who was totally ignorant of the agent employed for his relief. Equally marked effects have been observed by other medical practioners who have experimented with this remarkable medicine. I am still engaged in investigating the therapeutic properties of nitro-glycerine, and I am daily more convinced of two important facts connected with it, viz, the great variation in the strength of different specimens, and the very marked difference in the susceptibility to its influence of the same individual under altered circumstances, depending, I imagine, on the condition of the nervous system at the time the drug is taken.—*Lond. Pharm, Journal—American Drug. Circ,*

A. G. Field, F.R.C.S.

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*Account of some Trials made to Facilitate the Removal of Stones from the Urinary Bladder—Extrusion with the Fingers—Landing-net.* By Professor A. Buchanan, M. D., one of the Surgeons to the Glasgow Royal Infirmary.

Among the advantages which attend the rectangular operation of lithotomy, one is to render more easy the extraction of the stone in the ordinary way, with the aid of the forceps. This depends upon the nature of the operation, which, by diminishing, as far as can be done, the distance between the opening made in the bladder and the external aperture of the operation wound, brings the stone more within reach, and thus facilitates the ordinary manipulations for extraction. Of the extent of the facilities so obtained, those only can judge who are familiar with this operation, and have had opportunities of comparing it with the old lateral operation which, it has for many years past superseded in and around Glasgow—the only field on which hither to the two operations have come into competition with each other. Still, however, even with these facilities, there is usually more delay and more difficulty experienced in laying hold of and extracting the stone, than in making the incision necessary to get at it. It is therefore chiefly to this second stage, that any attempt to simplify and improve farther the operation of lithotomy should at present be directed.

Influenced by these views I was led, last winter, to make trial of various methods of removing stones from the bladder; and I propose at present to bring under the notice of those who take an interest in such

researches, and understand the capabilities of the new mode of operating, one or two of the methods which I tried, and thought most promising of good results :—

*Extrusion with the Fingers.*—The first method is, perhaps, more curious than useful. I found that after making the usual incision, according to the rectangular method, it was quite possible to remove certain stones with the fingers alone, without the aid of any instrument whatsoever. Stones of a spherical shape and smooth surface, like marbles, even though of large size, could readily be so removed ; but to stones of a different shape, and of rougher surface, this method was found to be inapplicable, unless the opening in the bladder were of large size. The following remarks will render the mode of manipulating easily understood :—

The forefinger of the right hand, introduced into the bladder through the operation wound, readily reaches the stone, and has it so much under command, that it can easily be brought down into the triangular space at the neck of the bladder, and placed there so that its longest diameter —if it be not spherical—may be paralled to a line at right angles to the middle of the incision of the bladder. This is the position most favourable for the extraction of the stone, and by the pressure of the forefinger it can be retained steadily in that position. Holding it therefore firmly, the fore and middle fingers of the left hand are introduced into the rectum, and passed up beyond the prostate, when, upon pressing them forwards, the stone is distinctly felt by them ; and it is so firmly grasped between these two fingers and the forefinger of the right hand, as irresistibly to suggest to the mind the attempt to extrude it from the bladder, by means of the two fingers of the left hand pressing it from behind, while the forefinger of the right hand guides it outward, and regulates the direction of the pressure.

In this way, as stated above, smooth and spherical stones are readily removed, but only these, unless with a larger incision than usual. The process is therefore of such limited utility, that it would not have been worthy of the space the description occupies, had it not been that to bring the stone and fingers into the positions just described is often an important preliminary to other methods of extraction ;—as to that next to be described, and to the ordinary method of extraction with the forceps—If it be the latter, instead of grasping through the bladder to find the stone, and attempting to seize it in whatever position it lies, the forceps is at once laid over the stone in a known position, and the stone is thrust between the blades by the fingers of the left hand, and laid hold of in the most advantageous direction ; that is, with its long diameter parallel to the blades.

*Landing Net.*—The great majority of stones cannot be extracted by the fingers alone, but require the aid of an instrument. Of various instruments for the purpose which I had constructed and tried, the one which seemed to me to answer best the ends for which it was devised, I named a *landing-net*, from its resembling very much, in its mode of operation, the tackling of the same name, with which the angler secures the fish he has hooked and brought to the water's edge. I had this instrument first made with a single handle, and an oval elastic rim of whalebone, to which the net was attached. But finding this not to answer well, I returned to a construction differing only from that of the common forceps furnished with a net, in the modifications to which I subjected it. The handles are in no respect different, but the blades have altogether changed their character, as they are no longer intended to grasp the stone, but merely to open and shut the month of the sac which is attached to them. In conformity with this new destination, they are rounded and attenuated, so as to resemble stout stocking-wires. They are curved, so as to form together, when closed, an oval orifice to the sac; and they terminate in two rounded knobs, like peas, which prevent them from doing any injury when they are introduced into the bladder, or when opened and shut within it.

An instrument of this kind lays hold with great facility of stones of the size of those usually met with in the bladder. On placing the mouth of the instrument over the stone, and making downward pressure, the mouth tends to open spontaneously to admit the stone; and next, the hand holding the instrument, which had at first yielded to, and gently assisted the destinding force, now closes the mouth, so as to include and secure the stone within the sac. In this way, without any further preliminaries. a stone may be laid hold of within the bladder, the metallic knobs detecting the place of the stone, and these knobs being carried to the farther side of it, the mouth of the sac lies over the stone, and, on downward pressure being made, will open to receive it. This method, however, is far inferior in precision and facility of execution to the following method, which I would recommend in preference:—

Place the stone and the fingers in the positions recommended for the process first described, that is, the stone lying immediately behind the opening in the bladder, with its long diameter at right angles to the direction of the opening; the index finger of the right hand introduced through the wound, and resting on the stone, and the fore and middle fingers of the left hand in the rectum, ready to press upon the stone from behind. Let the finger of the right hand be now withdrawn, and the instrument introduced in its place. The stone is now pressed by the

fingers of the left hand against the two wires forming the mouth of the sac, and there separating, the stone is forced into the sac itself, and secured by the shutting of its mouth. The two slender wires of the sac add little to the bulk of the stone, so that any difficulty experienced in extracting it can depend only on a disproportion between the size of the wound and the stone which is to pass through it; and if that cannot be overcome by address and moderate traction, it must be met by the enlargement of the wound.—*Glasgow Medical Journal.*

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*Resection of the Heads of the Phalanges of the Fingers, by Mr.* Chance.

In this case had not only the bone been dislocated, but the extremity of the first phalanx forced through the skin in the front of the thumb.

"The condition of the part when I first saw it was as follows:—The point of the thumb projected backwards nearly at a right angle, and was firmly retained in that position. The articulating surface of the ungual phalanx rested on the back of the digital extremity of the first phalanx, and this latter part formed a protuberance on the front of thumb, which could be distinguished by its pulley-like shape through the tense skin. As the extremity of the thumb pointed directly backwards the protuberance formed by the digital extremity of the first phalanx in front constituted the *only* part that could be opposed to the fingers in grasping, &c., and as the skin and cicatrix over this protuberance were so exquisitely tender that the slightest pressure on them caused intense pain, from its being brought to bear upon the misplaced nerves, the entire hand was comparatively useless, and the patient, who was a housemaid, was compelled, on that account alone, to give up servitude and become dependent on her friends. Under these circumstances, she applied at the City Orthopædic Hospital in 1853. As I found reduction entirely out of the question I determined, at the suggestion of my friend Mr. Pollok, and with the approval and assistance of my colleague, Mr. N. H. Stevens' to remove the head of the first phalanx.

"The operation was performed by raising a flap on the front of the thumb, and sawing off that portion of the head of the bone which prevented the ungual phalanx from taking its proper position. But little bleeding ensued. The part was afterwards put up, in a slightly flexy position, in a splint made of a piece of card. The wound healed readily, and we had the satisfaction a fortnight afterwards of witnessing a perfect cure. The splint was worn for some weeks afterwards for safety. About three months after the operation, as the joint was firm slightly moveable and the thumb *could be used with perfect freedom and without*

*pain*, my patient accepted another situation as housemaid. I have seen her every five or six months since, and I can report that a few days back she was still in a situation, and her thumb quite well."

We quote the following observations on excision of the ungual phalanx, and can confirm from experience, the remarks of the writer. It is adopting and hastening Nature's cure.

"It is manifestly obvious that this operation—'resection of the *heads* of the phalanges'—is only adapted to those cases in which it is the *articular extremity alone* of the phalanges which requires to be removed so that *it answers the end proposed* the better. There is however, another class of cases of much more frequent occurrence, which borders so closely upon the former, that I am led to append a few observations upon it, and the more so as I am not aware that the practice I would advise is noticed in surgical works. I allude to the carious condition of the *extremity and shaft* of the ungual phalanx, which is so frequently seen as the result of neglected or wrongly treated onychia; and, occasionally, of mechanical injury to the finger, which I have been in the habit for years of treating by 'excision of the *entire ungual phalanx*.

"Such cases as these are of frequent occurrence amongst the out-patients of hospitals generally. I have had many such at the Metropolitan Free Hospital. When such a case is first seen, the end of the finger is considerably enlarged, there is an opening on the front or side, leading down to the carious bone which can be immediately detected by a probe; and from the orifice of the wound, in all probability, a rugged portion of the diseased flexor tendon will be seen to protrude. If such a case as this is left, and if the caries is *confined to the ungual phalanx alone* after a *considerable period of time* (weeks upon weeks), the lateral ligaments become destroyed, and the bone comes away of itself; or if on the other hand, the caries passes to the head and shaft of the second palanx, it then causes the loss of the entire finger.

"The treatment that I would recommend as the result of my own personal experience is the early removal of the carious ungual phalanx. This proceeding is easily accomplished by enlarging the existing wound, and dividing the lateral ligaments. After the removal of the bone, the sides of the tip of the finger should be slightly compressed against each other, and the part retained in an extended position. The wound will heal readily, and in this process it will be found that the finger-nail will be drawn down more or less across the top of the finger, according to the amount of destruction the parts in the front of the finger have undergone by the previous sloughing. This drawing down of the finger-nail is, without any doubt, unsightly;

but however unsightly it may be, or to whatever extent the nail may be drawn down, and I have seen it in cases that have been left to themselves nearly flat on the end of the finger the extremity of the finger possesses a degree of sensibility, and the entire finger a degree of mobility that is not possessed by the extremity of the stump, of a finger mutilated by amputation, and it is, therefore, of infinitely more service to a patient in any circumstances of life, but especially so to the poor and labouring man."—*Lancet.*

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IV.—*Measles a second time in the same Patients.* By D. W. Young, M. D., of Aurora, Ill.

Dear Sir,—We are having quite an extensive epidemic of measles in this city, at this time. They are mostly of a mild type, and quite amenable to treatment. In some of the cases, however, we have more or less pneumonic complications. I believe our cases, thus far, have all recovered, at least, I have heard of no deaths since the commencement of the epidemic.

The principal point of interest in the cases is the large number of persons that are having measles for the second time. I have often treated patients, sick with measles, who have declared that they had had measles before. Usually I have been unacquainted with their previous histories, and consequently paid but little attention to their statements. During the present epidemic I have had an opportunity of investigating this point more closely. I have myself met four cases during this epidemic, in persons that I know had had the measles before. Three of these patients I had attended when sick with measles, in the latter part of December, 1853; the other one in February, 1854. Two of the patients had them severely the first time, and all of them very distinctly. The two patients that had them the worst the first time, are under treatment at the present time, and are having them comparatively light; while one of those who had them light before, has had them very severely this time. The eruption in all these cases, in both attacks, has been free, distinct and unmistakeable.

My friend and former partner, A. Hard, M. D., of this city, also informs me that he has met with quite a number of cases in persons who had had them before. One in his own family, a little daughter, who had them in 1854, and was then very sick, and came near dying with them, as I can testify, as I treated her in the earlier part of her attack myself, while her father was absent from the city. In her first attack, she had unusually severe pneumonic complications; so much so, that her father, who is one of *veratrum viride* eulogizers, represented her

case in connection with several others, to the *Iowa Medical and Surgical Journal*, on the use of veratrum viride. She has had measles again severely and distinctly within a few days.

Another case that Dr. Hard reports is that of Rev. Mr. Bull, a very intelligent Congregational clergyman, of this city, whom the Doctor treated a short time, while sick with measles. Mr. Bull declared that he had the measles while residing at the east, and after his recovery wrote to his mother, and among other things informed her that he was just recovering from a severe attack of measles. The old mother very affectionately informed him, by return of mail, that there must be some mistake; that he had the measles severely several years ago, and that she should doubt the qualifications of his western physician.

The Doctor, as several of our other physicians, report quite a number of other cases where the testimony is quite as clear as in the above cases. In conclusion, my opinion is that measles occur a second time in the same person, much oftener than our authorities and lecturers admit.—*Chicago Med. Journal.*

Aurora, June 12, 1858.

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VII.—*Inhalation of Nitrate of Silver.* By W. H. Studly, M. D., Rochester, Ill.

I have noticed in several of the medical journals, from time to time, descriptions of more or less intricate instruments, contrived for the purpose of introducing nitrate of silver, in the powdered state, into the trachea and bronchial tubes. I have never seen any of these instruments, but I have thought them from the first, at least, unecessary; inasmuch, as I have a far more simple, and I think fully as efficacious way, and at the same time unattended with the danger which I can fancy the instrument may be accompanied with. It strikes me that the grinding wheel of the caustic pulverizer may sometimes throw off a particle of considerable size from that very brittle pencil of nitrate of silver —of a size, at least, too large to enter the air passages of the lungs.

Then, again, it is not always desirable that the caustic should be introduced with full strength. Even Green, the great probanger, seldom uses a solution stronger than a drachm to the fluid ounce; and whenever caustic is used as an application to the other mucuous surfaces, we are constantly varying the strength. Why is not the same liberty desirable in its application to the air passages?

My plan is this: I pulverize the nitrate of silver in a moderately heated wedgewood mortar, to an impalpable powder; I then triturate it with sugar of milk according to the strength which I desire—generally

mixing them in the proportion of one part of the caustic to two of sugar of milk. This powder I put into a glass-stoppered jar of the pint or quart size, being careful to have the jar thoroughly dry by heating it. I place in the patient's mouth a glass or tin tube, one inch in diameter, and some eight or ten inches in length. Giving the jar a good shake and pulling out the stopper, I tell the patient to plunge the tube into the mouth of the jar and inhale. The cloud of powder which was seen floating in the jar, passes into and sprinkles the air passages thoroughly. From one to three inhalations at a time is sufficient, and about twice or thrice a week. The powder can be kept in good condition for about a month, the main trouble being the heating the jar every time you wish to use it, in order to drive off whatever atmospheric moisture may have collected. In all instances where it is desirable to go below the epiglottis with this remedy, I know of no way more efficacious than this, and being simple it is within the reach of all.—*Chicago Med. Journal.*

# The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS, DIGNITATEM ARTIS MEDICÆ TUERI.

The College of Spirits in Paris.—We are indebted to the *North American Medico-Chirurgical Review* for the following particulars concerning one of the latest of humbug's inventions, which our valued exchange has in turn borrowed from the *New York Tribune.* The active agent, is a Mr. D. D. Hume, who has acquired some notoriety or celebrity among those who delight to be styled "Spiritualists." He is on the eve of amplifying it yet more by establishing a Spiritual College in Paris.

"Hume will return to Paris with his wife and the dowry, and they say that after the examples of Mesmer and Cagliostro, he is going to found at Paris a grand establishment, a sort of Spiritualistic Exchange.

"To this establishment there will be joined a school of *Fluidism*, where the rich will be initiated in that great mystery—requiring a sacrifice proportioned to their wealth. This school will be divided into three classes. The first will be a sort of gymnasium, purely mechanical, where will be shown the method of disengaging the fluid by exercises at once physical and intellectual. Everybody possesses the spiritual fluid, and if some appear to be without it, it is because they do not know how to produce its disengagement. Hume said as much to us not long ago; and to make himself understood, he added the following explanation:—

"'Here is a cake of resin. This cake contains a great quantity of electricity. But this electricity does not manifest itself; it produces no phenomena; it sleeps. To awaken it I take this catskin and strike the cake of resin, and the electricity manifests its presence in a lively manner.'

"The first class of the school of fluids will be that in which they will operate on the natures possessing latent fluid, as they operate upon the resin with the catskin; accordingly, we call this the catskin class.

"In the second class, the fluid being developed, awakened, and active, they will show how to direct it, by faith and by will. It is not sufficient to have the fluid, it must also be known how to use it.

"The mode of using it is, then, what they will teach in the second class. In leaving this class, the adepts will know how to turn tables, to summon spirits, to question them, to receive answers; and, in fact to place themselves in communication with the other world. This is the class of Reception.

"But, when this is known, all is not done. This is only to be in communication with the spiritual world; it remains yet to learn how to profit by these communications. They must not be regarded as useless play; as a series of curious but unfruitful experiments. We must learn all that the spirits know more than we do; we must use them to elevate ourselves, to make us better, richer, and more powerful.

"That is what will be learned in the third class.

"Well-informed persons pretend that, before returning to Paris, Hume will pass through Holstein, where he will visit, in the cave whither he has retired, the celebrated Count of Saint Germain, from whom he expects to obtain (for the spirits have promised it him) twenty-seven of the fourteen thousand seven hundred secrets which the immortal Count carries in his bosom.

"These twenty-seven secrets—the most important of the ancient Egyptian Cabala, and which are to restore to us the mysteries of the Isis and Anubis—these twenty seven secrets, together with the four that Hume already knows, are to form a total of superhuman knowledge which will make the happy initiated equal in power, beauty, longevity, health, happiness, and knowledge, with the inhabitants of the planets of the third order. The earth, it is well known, is only a poor planet of the forty-fourth order.

"The third class will be called the class of Results.

"We are informed that while Mr. Hume will open his school of Fluidism for men, and will make the living talk with the dead, Madame Hume, on her side, will direct a similar school for females.

"The number of pupils can never exceed sixty on the part of the males, and sixty on the part of the females. Each class will be composed of thirty persons.

"It is pretended that a company, composed of some very wealthy Russians and some Frenchmen, is formed for the establishment of these institutions, and that they are now negociating for the purchase of the lands of the Hotel d'Osmont, in Paris.

When these two schools are finally opened, Paris will be really the capital of the world. The plans are already in preparation. Two temples are spoken of, of the Egyptian order, connected by a gallery, in the centre of which, beneath a circular pavillion, surmounted by a cupola, will be placed a large circular table, around which eighty-two persons of both sexes, in alternate order, can be seated. These eighty-two persons will be Mr. and Madame Hume, forty male pupils, and forty female pupils. The scholars of the first class cannot assist in turning the sacred table.

"The table being set in motion, the spirits evoked, and the mysteries prepared, the twenty men and the twenty women of the second class will retire, and it is only for the initiated of the third class that the miracles will take place, and the eyes of the mind be opened."

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New Exchanges.—We have much pleasure in acknowledging the receipt of the following medical journals, which have lately been added to the fold of those already published; and while we extend to them severally the right hand of fellowship we hope their spirited conductors will realize their fondest expectations of success and usefulness :—

I.—*The Pacific Medical and Surgical Journal*, issued and published by John B. Trask, M.D., and David Wooster, M.D., San Francisco. Published monthly at five dollars per annum 1858, pp. 40. This journal is a very creditable one and well sustained. It bears evidences of well directed industry and carefully applied ability on the part of its editors. It were much to be lamented if "The Pacific" be not in time established as one of the permanent institutions of the land.

II.—*Oglethorpe Medical and Surgical Journal.* Edited by H. L. Byrd, A. M. M. D., Professor of Principles and Practice of Medicine in Oglethrope Medical College, and Holmes Steele, M.D., Professor of Obstetrics in the same college. Savannah 1858, pp. 72. Bi-monthly, $2 per annum. This interesting serial has already reached a third number, having been before the professionable public for the past six months. It may suffice to say we stand indebted to it for much

profitable reading borrowed from its pages. Its original department is remarkably well supplied by active contributors, the present number containing no less than seven communications of this character besides two translations.

III.—*The Cincinnati Lancet and Observer.* Edited by GEORGE MENDENHALL, M.D., Professor of Obstetrics in the Medical College of Ohio; JNO. A. MURPHY, M.D., Adjunct Professor of Practice of Medicine and Clinical Medicine in Medical College of Ohio; and EDW. B. STEVENS, M.D., Cincinnati. Published monthly. Pp. 64. Terms $3 per annum. This additional is equally deserving of eulogium with the preceding. We are glad to see so much able exertion brought to the work of medical literature; as it must be a source of much gratification to all, who have the interest of the profession at heart, to find so many witnesses of their experience rising up and telling it out for the benefit of others. We wish that more of the practitioners in Canada, than do, participated in the spirit which actuates their brethren across the line.

Other new journals have also occasionally reached us in an intermittent kind of circulation,—so irregularly indeed that now they are out of sight as well as mind. Should any in future be forwarded regularly, we shall also be happy to acknowledge them.

We may here likewise notice some changes in the older and more familiar sheets that we have been hitherto in the habit of receiving.

IV.—*The Peninsular and Independent Medical Journal*, devoted to medicine, surgery and pharmacy. Editors, A. B. PALMER, A. M., M. D., Professor of materia medica, therapeutics and diseases of Women and Children in the University of Michigan, MOSES GUNN, A. M., M. D., professor of surgery in the University of Michigan, FREDK. STEARNS, pharmaceutist Detroit, Michigan, pp. 64. Two dollars per year.

This is the product of the fusion together of two of our old exchanges. The Peninsular Journal and the Medical Independent. It maintains the well-merited reputation which each severally earned in the day of its survivorship. It is published at Detroit, Michigan.

V.—*The Chicago Medical Journal*, edited by N. S. DAVIS, M.D., professor of Principles and Practice of Medicine in Rush Medical College, and W. H. BYFORD, M.D., professor of obstetrics and diseases of women and children. Monthly, pp. 58, two dollars per annum, Chicago, Ill. Not having the first number before us, we are unable to say whether this be absolutely a new journal or merely an old friend,

yclept "The North Western Medical and Surgical Journal," with a new suit and more corpulent interior: whether or no, we are equally glad to receive it, for we consider it among the most respectable monthlies with which our Chronicle reciprocates its favors.

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## APPOINTMENTS.

Secretary's Office,
Toronto, 24th July, 1858.

His Excellency the Governor General has been pleased to make the following appointments :—

Nathaniel Osborne Walker, Esquire, M.D., to be Associate Coroner for the County of Norfolk.

August 14th.

License to John DeEvelyn of Burwick, Esquire, M.D., to enable him to practise Physic, Surgery and Midwifery in that part of the Province of Canada called Upper Canada.

August 21st.

Walter Boyd, and Daniel D. Campbell, Esquires, to be Associate Coroners for the County of Perth.

Board of Agriculture and Statistics,
July 22nd.

His Excellency the Governor General has been pleased to grant Letters Patent of Inventions, for a period of *fourteen years* from the dates thereof, to :—

Charles Webber Smith, of the City of Montreal, Stock Broker, for "A Head Protector against heat, Coup-de-Soleil, &c."—Dated 18th June, 1858.

Head Quarters,
Toronto, 26th August.

Military District Number One, Upper Canada.

*First Volunteer Militia Rifle Company of Stratford.*

To be Surgeon :—P. R. Shaver, Esquire, M.D.

*Fifth Battalion, Prince Edwards.*

To be Surgeon :—Alexander Ronald McDonald, Esquire.

*Third Battalion, Wentworth.*

To be Surgeon :—Walter McLang, Esquire, vice T. P. S. Brown, left limits.

*Second Battalion, Middlesex.*

To be Assistant Surgeon :—James McGregor Stevenson, Esquire, vice H. Hanson, transferred to 6th Middlesex.

*Seventh Battalion, Oxford.*

To be Assistant Surgeon :—James Barley Round, Esquire, vice S. S. Bowers, left limits.

## MEDICAL NEWS.

The election to the chair of chemistry, at Edinburgh, has resulted in favor of Dr. Lyon Playfair, by a large majority.—The number of licensed houses in England and Wales, for the care of lunatics, was, on the 1st January 1858, 113. In the licensed houses of the Metropolis, the total number of lunatics was 2,623. —The employées of the British Museum are Mr. Panizzi, who receives £1200 a year; Professor Owen, £800 a year; and Dr. J. E. Gray, £600, exclusively of other officers on smaller salaries.—Mr. Jas. Nolan lately died at Knockindrane, Ireland, at the advanced age of 116 years. His memory was strong and tenacious, and his narrative of the many events which occurred within his recollection, during a period of a century, was clear, precise, and accurate.—Dr. Wynne, of New York, has been honored with the gold medal of the British Government, for his report on the cholera, a few years since.—Dr. Ed. Delafield has been appointed President of the College of Physicians and Surgeons, New York, in place of Dr. Thomas Cock, resigned; and Dr. Edward L. Beadle succeeds Dr. D. as Vice-President.—Dr. E. Brown Sequard has found a spot in the brain, not larger than the head of a pin, which, if touched, is sudden death, as instant as lightning.—Dr. Andrew Smith has received the distinction of Sir Andrew, with a K.C.B, on his resignation of the office of Director-General of the Army Medical Department, in which office he is succeeded by Dr. Alexander, who, after his return from the Crimea, served a short time here.—Some bullets have been brought back from the Crimea perforated by an insect, the *urocerus juvencus*. The animal was conveyed to the Crimea in the wood of which the boxes containing the cartridges were made.—James W. Cusack, Esq., M.D., President of the Royal College of Surgeons, Ireland, and University Professor of Surgery, has been appointed Surgeon in ordinary to the Queen, in Ireland, in the room of the late Sir P. Crampton. This is an appointment which must give general satisfaction.—Twelve homœopaths practising in Paris have brought an action against the *L'Union Medicale*, for an article written by Dr. Gallard, and which puts the delusion in its proper light. The damages are laid at £2000.—Mr. Jos. Jones, of Bolton-le-Moors, states that he has discovered the perfect metal sulphurium, which is of the same class as arsenicum, silver, &c. Oxide of sulphurium is the refuse of the manufacture of sulphuric acid from brimstone, and has no commercial value, persons being paid for carting it away.—Dr. Tice has recommended the re-vaccination of the whole army. The camp followers are the chief victims, and the chief promulgators of the disease, because their religious scruples do not permit them to be protected by vaccination.—Mr. Morley, who died lately in London, an hotel keeper, at Charing Cross, formerly a medical student, and who retained during his life strong sympathies with the Profession, has bequeathed nearly the whole of his property to Medical Charities. He was, for some years, a Governor of St. George's Hospital, where he was in youth a student, and has left that institution the munificent sum of £100,000 for the purpose of founding a *Branch Convalescent Hospital* within seven miles of Hyde-park Corner. His other bequests are £1000 to Liston's widow; £5000 to the Surgical Department of University College; £5000, the interest of which is to support three Fellowships at University College, each to be held for three years; £1000 to St. Mary's Hospital; £1000 to the Lock; and £500 to Mr. Braine, his medical attendant. There are various legacies, among which are £50 annually to six widows of St. James, not recipients of parochial relief.

THE

# MEDICAL CHRONICLE.

VOL. VI.] OCTOBER, 1858. [No. 4.

## ORIGINAL COMMUNICATIONS.

ARTICLE IX.—*Ovarian Dropsy. Treatment for Radical cure by Injection of Tinctura Iodinii Co.* By F. D. GILBERT, M.R.C.S.L., Hatley, E. T.

I had during the last part of the winter and through the spring of 1857 attended Miss M. A. Turner, aged 18, of very evident scrofulous diathesis; suffering, when I first saw her, in consequence of a recent and neglected attack of measles, with urgent pulmonary symptoms threatening phthisis. As spring advanced, the disease gradually yielded to treatment, and by the middle of June I considered her convalescent, she having much improved in all respects. The cough subsided, the catamenia reappeared, appetite and bowels regular, and she had increased in weight pretty regularly at the rate of about two pounds per week for four or five weeks. Was sent for to see her again in September, in consequence of the appearance of a small tumour appearing in the iliac region. Found the patient apparently well, much fatter, and in every way looking better than when I had last seen her. She complained of no pain in the tumour, and said her mother had no business to have sent for me, as she was quite well. She would not allow any exposure. I therefore left without prescribing or giving any decided opinion on the case. Being in the neighbourhood about a month later, called in to see her, and found her less unwilling to permit an examination, as she began to fear the "bunch" was enlarging. Made an examination, and found a tumor, about half the size of a large hen's-egg, a little below the right ovary, evidently, deeply seated and not easily handled, as it seemed, on attempting to lay hold of it, to recede and almost disappear. The girl having become pretty fat, rendered the case even more difficult to diagnose. Lying on her back, or partly on her back and partly on her left side, caused it to recede. Had occasionally complained of pain

in the back and lumbar region. Catamenia normal; no cough; general health good. Gave a guarded diagnosis. Considered it either a case of incipient ovarian enlargement, or one of psoas abscess. Owing to the apparent good state of the general health, inclined to consider the ovarian disease as most probable, though rather staggered by the occasional pain in the back and regularity of the menses. Prescribed no medicine, but recommended special care as to the preservation of the general health, and promised to see her again in a month. Saw her again in November. Tumour enlarged to size of half a goose-egg, or nearly so, as far as could be judged, as it was difficult yet to isolate it. It felt very hard. Diagnosed ovarian disease. General health pretty good, but patient rather thinner and had not very good appetite. Prescribed potassii iodid gr. iij., infusi gent. ℥j. ter de die. Recommended the patient to go, as soon as the winter roads were established, and see Dr. Worthington of Sherbrooke, and obtain his opinion on the case. She saw Dr. W. the beginning of January 1858, who agreed with my diagnosis, and concurred in my prescription, wishing however to add the use of the compound iodine ointment locally. I saw the Doctor soon afterwards, and told him I thought it would be advisable to continue the medicinal treatment for some time, in hopes to arrest the disease, in which he fully concurred; but I expressed the intention,—if the patient were willing, as I believed she would be,—in case of the medicinal treatment failing, to attempt the extirpation of the tumour, provided it increased so much as to render it certain there would be no other means of saving the patient, and requested Dr. W.'s assistance, which he promised to afford.

Saw the patient January 24th. Found the tumour enlarging slowly, and I fancied softening. Continued treatment. Feb. 8d, saw her again. Tumour somewhat larger, and fluctuation I thought perceptible. Feb. 20th, saw her again, and was somewhat surprised by the appearance of a soft tumour, or, more properly speaking, an enlargement of a portion of the upper arm (left), apparently attached to the bone and surrounding tissues,—not very large, probably about an inch in diameter. The ovarian, or supposed ovarian tumor apparently about stationary. March 1st, ovarian tumour about the same; swelling on arm considerably larger, and having a good deal the appearance (particularly owing to its attachment to the bone and surrounding parts) of medullary sarcoma. If so, then in all probability the supposed ovarian disease was the same. Was a good deal concerned, but considered it best to continue the treatment as before, and wait some further development. March 24th, found the ovarian tumour still stationary, but the swelling on arm much en-

larged, and *looking* if possible more threatening, the vessels showing very plainly all over it, and having the peculiar shining, almost semi-transparent, appearance of sarcoma. On feeling it, however, I fancied I could decidedly perceive a fluctuation; though I have seen first-rate London and Parisian surgeons occasionally deceived in this respect in medullary sarcoma. Determined at all events to clear up the mystery, I used an exploring-needle, and was well pleased to find all my uneasiness had been caused by a scrofulous abscess. Made an opening with a lancet, and discharged about 8 ounces of the usual sero-purulent and flocculent matter, and the swelling at once collapsed; and though it had not altogether ceased discharging till July 1st, it has never given any further trouble.

April 12, ovarian tumour considerably larger, and fluctuation more apparent. Spoke to the patient about an operation, which she at once determined to have performed, and wished it done forthwith. Advised her to wait till it was large enough to tap; as in case the fluid was contained in a single sack, I now determined to attempt its radical cure by injection of tr. iodinii co., instead of extirpating it. The tumour continued increasing till June 24th, when it had attained the size of a child's head. Fluctuation quite apparent; general health somewhat impaired, but on the whole pretty good; menses regular; a slight areola round the nipples.

On this day, in company with Dr. Worthington and in full accord with his views of the case, decided to tap the tumour, and, should we succeed in emptying it, try injection; otherwise we went prepared to extirpate it. On tapping, succeeded in fully evacuating the contents, amounting to 38 ounces of viscid albuminous fluid. When fully evacuated, injected ℥ vj. tinctur iodinii co. (Ph. Londinensis), which did not cause nearly as much pain or unpleasant symptoms as I had been led to imagine it would. The patient expressed it as a sensation similar to having too much pepper in the mouth. Enjoined strict adherence to the supine, recumbent posture, and gave morph. acetatis gr. ¼. June 26th, found the patient quite restless; no appearance of iodism, but a good deal of inflammation and tenderness in the tumour, which was rather larger than before tapping; pulse 108, rather wiry; bowels not moved; some peritoneal tenderness; opening firmly closed. Prescribed hydrargyri chloridi gr. iv., sodæ sub-carbonatis ʒ ss. statim; spirit lotion over the abdomen, and determined, if inflammation continued as high on the morrow, to reopen the tumour.

27th, bowels moved freely but gently; pulse 92, softer; tenderness much abated; tumour more flaccid and not so large; continue spirit

lotion. 28th, to my surprise, tumour burst at trocharral opening about half an hour before my arrival, and discharged nearly a pint of fluid, partly purulent and partly similar to the original contents of tumour, somewhat tinged and strongly tainted with iodine. Pulse 90, soft; patient rather weak; some difficulty in passing urine; ordered broth rendered mucilaginous by rice, &c., and other more generous diet, and prescribed quinæ disulphatis gr. j.,æth. nitr. ℈j., acid. sulph. dil. M. iij., aqua destill. ℥ i. 4ta quaque hora. 30th, Tumour has ceased discharging since previous afternoon; was somewhat larger and rather tense; pulse 98, rather harder; some more tenderness, a piece of cellular tissue sticking out of the opening. Took hold of it with forceps, and gradually withdrew a pretty large string about 5 inches long, when the contents of the sac gushed out, nearly a pint, much more purulent than before, and in the course of my visit I extracted two more pieces of partially decomposed cellular tissue, which I supposed to be the lining membrane of the tumour. Patient expressed herself much relieved, and now very comfortable. July 2d, Discharge continues, with occasional short stoppages, caused by the opening being obstructed as before; almost entirely purulent; pulse 90, soft; bowels regular; appetite pretty good. Removed several portions of cellular tissue. July 5th, Removed more cellular tissue. Discharge less, altogether purulent; tumour scarcely tender, bears handling well, feeling hard and about the size and shape of a tea-saucer, supposing it to have no or very little concavity. All symptoms favorable. May sit up a little, wearing a firm but not very tight bandage with compression over the tumour. Continue tonic and generous diet. July 10th, all progressing favorably. Able to walk about the house, though quite weak yet. Discharge less, altogether purulent; tumour manifestly decreasing; bowels regular; pulse 88. Continue tonic, &c. July 14. Much the same; gradually convalescing. Moved home in a carriage, (she had been brought to her brother-in-law's house to be some miles nearer me). From this date the tumour rapidly disappeared, with the exception of a fistulous canal 5½ inches long. Aug 10, Injected fistulous canal with etherial tr. iodine. Aug. 17th, ditto. 24th, Entirely healed. Can detect not the slightest vestige of tumour, with the exception of a hard ridge somewhat smaller than a cedar drawing-pencil, about 5 inches long, in the place where the fistulous canal had existed. Patient's health very good, and gaining strength and flesh rapidly. Sept. 8, Hardness almost entirely disappeared. Consider her well, but, as a precautionary measure, recommend her taking the following prescription for some months: potassæ iod. gr. iij., inf. gent. co. ℥ i. ter die.

ART. X.—*Notes of Three Cases of Poisoning.* By A. Grant, M. D., attending Physician General Protestant Hospital, (Ottawa.)

Opium being one of the agents most frequently used as a means of destroying life, and the following case being an illustration of recovery from a large quantity of that drug, I have thought proper to furnish the subjoined report, which adds one more to those extraordinary instances where life, amidst circumstances the most adverse, has been preserved.

Mrs. ———, aged 30, florid complexion, robust habit of body, and generally in the enjoyment of health.

*August 5th*, 1858.—From some circumstances, rather mysterious, this party procured *two ounces* of *laudanum*, and in the presence of her servant, poured the contents of the bottle into a small vessel, then added about two tablespoonsful of cold water. Both being actively mixed, she swallowed the whole and quietly composed herself in bed. The servant, not knowing the strength of medicine or what might result from such a quantity, left the room to perform the ordinary duties of the house.

Three hours and a half having elapsed, the husband, who had been from home returned, and shortly afterwards discovered what had taken place in his absence. Upon entering the room, found her sleeping in an unusual manner, and being alarmed attempted to arouse her. After much difficulty, succeded in obtaining the information that she had taken a bottle of laudanum, this interrogatory being instantaneously followed by relapse into a profound sleep. No motion of body, skin pale, cold, and bathed in perspiration, breathing slow but silent, and the eyes closed as if in natural sleep.

The husband being a man of sound judgment, administered milk in large quantities until copious emesis was produced. Upon my arrival an hour afterwards, obtained the above history. At this period patient could be aroused without much difficulty, but again slumbered away as usual. Skin warm and still covered with sensible perspiration, pupils much contracted, and the conjunctival mucous membrane conjested. Pulse small and quick, but regular, tongue dry, and lips somewhat parched, respiration silent but accelerated. Ordered ℞ Pulv. Ipecac gr. xii., Ant. Tart. gr. ¼; Aquæ puræ ℥ i instanter. A few moments having passed, vomiting again set in and continued about two hours. Applied a mustard cataplasm to the calf of each leg and ice water to the head.

9 P. M., six hours afterwards, could now be aroused with ease, skin hot and moist, pupils moderately dilated, vomiting continues at short intervals. Patient ordered to be made walk during the entire night, and to have ice water constantly applied to the head, and occasional drink.

11½ P. M. Being much improved as to her present condition and future prospect, I returned home.

7 A. M. Has been kept on foot during the greater part of the night. Entire subsidence of all narcotic symptoms. Suffers from head-ache and slight gastric derangement. Ordered ℞ Ol. Ricini ℥ i *instanter.*

5. P.M. Thorough evacuation of the bowels, head relieved, skin moist, pulse regular, eyes natural except slightly increased vascularity of conjunctiva. From this date improvement was marked, and at the expiration of three days her health did not appear to suffer from any inordinate action.

The smallest fatal dose of tincture in any adult that I find recorded is two drachms. (Taylor on poisons p. 208.)

Within the last few weeks two cases of accidental poisoning have come under my notice. One from Fly Powder, taken by a child 2½ years old. As it occurred shortly after a meal and the quantity taken was small, the circumstances were favorable; however, vomiting as a result of the poison having taken place in a very few moments, attended by faintness and depression, and tending to continue at short intervals, I found it necessary to administer a mixture of milk and albumen. This being continued at intervals, produced a very decided and beneficial effect. The vomiting gradually subsided, and next morning the child appeared perfectly recovered, only evincing by his external aspect that the system had recently been subjected to some action beyond the normal state of affairs.

M. V., ætat 2 years, swallowed a strong solution of caustic potassa, which had been placed unknowingly within her reach. The mouth, tongue, pharynx, and upper portion of larynx and œsophagus suffered primarily from its violent alkaline action.

Oleum Olivæ was administered *ad libitum*, thus neutralizing the alkali and causing the expulsion of saponified material. Larygitis having set in, was opposed by active antiphlogistic treatment; however, a very decided false membrane formed. For the first four days the child expectorated a tenacious and adhesive secretion, and at the termination of the fifth day, after a severe attack of coughing, this false membrane was removed. It appeared thin and tolerably firm, passing in a degree the mould of the mucous membrane of the upper and posterior part of the larynx. Here the improvement was even greater than after the disappearance of the mechanical effect of the tumefaction of the loose tissue of the glottis.

From this date the restlessness, intense dyspnœa and jactitation of body gradually subsided. Each succeeding hour tended to remove the exist-

ing anxiety of the child's parents by marked subsidence of mucous irritation, and an evident return of the digestive process.

Remarks.—How strangely man is constituted, how perfect in his formation, yet the inherent power the different organs entering into his constitution, have of repelling extraneous influences, appears involved in much obscurity. Opium being not sufficiently stimulant in its primary action to overwhelm the stomach, as enormous quantities of alcohol may do, and produce almost instantaneous death without directly reaching the brain, it must in a great measure be governed in its remote action, by the precise condition of the stomach at the period of its reception. When the absorbent power of the stomach has been diminished, and its nervous sensibility weakened through long continued stimulation, it must then be more sluggish in its action, particularly after accustomed stimulus has been suddenly checked. Such is the case in delirium tremens, and therefore the stage anterior to it has a proportionate inability. In health certain constitutions bear large quantities of opium, when others shrink from the smallest portion.

To investigate the various modifying conditions would be beyond the object of the present remarks, but I would merely add that in the first described, a sluggish and inactive stomach from sudden abstraction of accustomed stimulation, tended much to modify the rapidity of absorption.

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ART. XI.—*Contraction of the Pupil as a Symptom of Thoracic Tumour.* By M. F. Colby, A.M., M.D., Stanstead.

I observed in a late number of the *Chronicle* some remarks on the contraction of the iris as a symptom of thoracic tumour or enlargement. As evidence that this symptom cannot always be relied upon, I wish to call attention to the case of the late Dr. N. of Derby, Vt., my first preceptor. For several years before his death there was noticed a gradually increasing contraction of the pupils of the eyes. He was at last obliged to use glasses of great magnifying power. There was no pain of the head or discoloration of any part of the eye. Toward the close of life he was subject to periods of loss of consciousness, which were of short duration, until the time of his death, at which period he remained in a state of unconsciousness for three or four days, without stertor or much arterial excitement.

*Post Mortem.*—Brain normal, but somewhat congested. Pituitary gland enlarged to the size of a large chestnut, pressing upward the optic nerves before and at the point of division. The nerves at this point appeared stretched and flattened. Thorax.—Lungs, evidence of recent

congestion, and there were several points of adhesion, apparently normal, to the costal pleura, the result of a severe pleurisy in the early part of life. When well, he had often told me that he had these adhesions.

It appears to me, that, in cases like those reported in the Chronicle, as much may be attributed to local capillary congestion from the impaired state of the respiratory function, as to any direct pressure on the sympathetic nerve within the chest.

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## REVIEWS.

ART. VIII.—*Epilepsy and other Convulsive affections, their Pathology and Treatment.* By Charles Bland Radcliffe, M. D., Physician to Westminster Hospital, etc. Second edition, revised and enlarged. London: Jno. Churchill, New Burlington Street, 1858. pp. 383.

An idea has been cherished by many minds that without a correct pathology there can be no proper treatment of disease. For unless an exact understanding exists concerning the nature of a given case, its management cannot be safely undertaken with any prospect of benefit to life, or escape from impending evil. A statement so fair, so plausible, is liable, as experience too frequently shews, to carry away, by its so-called common-sense power, the popular assent, and evade the scrutiny of its own merit, be this real or fictitious. We plead for our frankness, and look to the support of candid observers, in unhesitatingly declaring that this idea is no better than a chimera. Were it true, one of two alternatives must follow, either that we have not yet reached the proper treatment of disease, our pathology being incorrect, or that the pathology being found, our treatment continues unsettled. Either supposition necessarily follows from the consideration of the occurrences of every-day life. There, practice and theory—performances and principles—are sadly at an issue; strange contradictions and wild inconsistencies abounding in rich profusion, as nobody can deny. Men are found entertaining the most opposite opinions upon some common subject, and yet in practice a strong similiarity, or positive identity marks the means which each brings to the relief of his patients. Men, again, there are, favored with a unity of scholastic views, who, when the season arrives for their practical application or employment, adopt and pursue sanitary measures the most strongly differential in intention as well as in operation.

These remarks are borne out by the subject now under review. What is Epilepsy? The general principles of *power* and *debility*, *tone* and of

*atony* are equally appealed to, and in spite of antithetical capacities each is chosen as the grand interpreter of the question. Speculators must differ, begin by shades and end in extremes of hypotheses. Whether the consideration be restricted to the nervous, or the arterial, or the muscular system, the same wide deviation appears.

In the example before us, the brain has been perhaps more often selected as the locale of the disorder than any other organ. Dr. Todd of London considers that during the paroxysm it is either in whole or in parts "in a highly polarized state," and when this reaches a certain extremity, or fulness of tension, the nervous power is discharged in such a way as to give rise to the phenomena of the fit. This, to our mind, is clearly inculcating *power*, the accumulation of which provokes the seizure, and the exhaustion of which naturally ends it. Our author, however, takes an entirely opposite view of the case; to his eye all is *debility*. He thus expresses it in the following passages, which we have selected:—

"Interrogating the nervous system from a mental point of view, the facts will scarcely warrant the idea that epilepsy is connected with anything like over-action of the nervous system. On the contrary, everything seems to point to a state which is the very opposite of this." "The action of the brain and of the nervous system generally, is reduced almost to zero at the time when convulsion is brought about."

Relative to the condition of the arterial circulation, there is, as we have said, the same antagonism of expression between power and debility in the *modus operandi* of the epileptic agency. The encephalic vessels have been commonly found post-mortem engorged, and this state of repletion readily suggests the prepossession of additional force as the active cause in determining upwards the over-accumulation. We believe that Parry taught that all the phenomena were consequent upon arterial determination to the cerebral masses, and that the impulse of the momentum, morbidly augmented by the active influences of such vascular distention, was, bona fide, the proximate source of the paroxysm; and more recent inquirers have adopted a somewhat analagous theory, distinguished at furthest by a slight modification or increased refinement. Our author, however, is not of this party. In broad contradiction to their persuasion, he boldly says:—

"It would seem, then, that the phenomena connected with the vascular sytem, are altogether opposed to the idea of arterial excitement in epilepsy. It would seem, indeed, as if the spasms, as well as the loss of consciousness and sensibility, were connected with a deficiency of arterial blood; for, in the first place there is a state closely approaching to syncope, and in the next place a state of positive suffocation, or arrested arterialization of the blood."

Necessarily, this is a fact which cannot be established by direct evi-

dence. The condition of the meningeal and cerebral arteries, whatever it may be, is but of short continuance. It would soon terminate in a state of venous remora; for during the persistence of the attack the circulation is becoming more and more sluggish, the blood is growing darker and darker, the left side of the heart impels forwards comparatively little blood, while the chief stress is borne by the veins. And after death it would only be in conformity to established custom to find the arteries empty, or, as the ancients incautiously fancied, carrying air. Nevertheless there is one strong circumstance which tends to substantiate the position assumed by our author; it is what he denominates in the above selection as "a state closely approaching syncope." In another place, under the head of "history," he defines it in these words:—

"There is a sign which is very difficult to catch, and this is the death-like pallor which overcomes the countenance immediately before the fall. M. Trousseau called attention to this sign in a recent lecture at the Hotel Dieu in Paris, as one which is diagnostic of epilepsy; and since this time I have seen it in all the instances, now amounting to twenty-one, in which I have seen the fit from the very beginning."

Connected with this obvious sign, he conceives there is a concurrent failure in the supply of blood to the great nervous centres. But this is by no means a necessary sequitur; for pallor of the surface, though indicative, as in the ague fit, of retrocession of blood from the capillaries of the general integument, is also an evidence of accumulation of blood in internal parts, or viscera, plus the normal proportion by the amount repelled from without. Nor is his position strengthened by referring the instantaneous loss of consciousness and sensibility to the local anæmia described, for these effects are the well-known results of opiate narcotism or coma, or cerebral plethora, where, so far as we know, no one has yet been venturesome enough to deny that venous congestion existed in full degree. That the cerebral circulation is actually in this be-laboured state, has been a point long since made out in the morbid anatomy of epilepsy. Esquirol and others describe, as intimately connected with it, a "sanguineous plethora" of the vessels within the head, and even our author is constrained to confess that—

"No doubt the veins of the brain and head generally are congested from a very early moment."

He, however, insists upon it being posterior to the inception of the paroxysm, for he adds—

"But there is a moment antecedent to this, in which the death-like paleness of the face—in many cases at least—is a sufficient proof that the veins were emptier than usual before they became congested."

Here again we must append *not necessarily*—because the history of narcoctic poisoning reveals to us the concordance of a ghastly face and a congested brain.

The very limitation to congestion, admitting this has been agreed upon, renews the old question about power and debility. It may be due to either. Which is the efficient cause in epilepsy? Our author inclines to the last named. A similar opinion was entertained by Mr. Solly of London, and we are rather astonished at finding no allusion to it in the work under notice. Mr. S. ingeniously supposed that the fullness of the veins proceeded from deficient contraction of the muscular coat of the capillaries of the brain; and when it is remembered it is an explanation offered about an event which is sealed to human observation, we may admire its applicability, while we refrain from placing in it implicit confidence.

So in like manner the distinction is preserved as to the existent state of the muscular system. The late Dr. Marshall Hall, as perhaps is well known, devised a singular theory to account for the epileptic seizure; and one which, from its pretensions to simple exposition upon something like principles as easily comprehensible as those of mechanics, was likely to ingratiate itself into the confidence and acceptance of not a few of his readers. He gave it the classic name of *trachelismus;* and his hypothesis was, that the blood was prevented returning from the brain by the spasm of certain muscles in the neck. Here again was power, and that too of a most effective character. His notion has been impugned by Romberg and others,—as we think our author might have advantageously informed those who consult him. R. says—and he is an authority of great weight—that no proof is given that such compression is really effected by the spasm of the cervical muscles; and, among other instances of an opponent kind, refers to the abortive forms of epilepsy, which are remarkable in consequence of the prevalence of psychical disturbance, while scarcely any convulsive action is manifested. Our author holds opinions different to those generally accepted on the subject of muscular contraction, and they fully warrant the extension of the prevailing idea of debility to their peculiar condition during the epileptic fit. It was conceived that the muscles were over-stimulated by being irritated with too large a supply of nervous influence. Our author, however, takes up an opposite interpretation. According to him,—

"Irritation, however brought about, acts by exhausting and not by stimulating. It is not that these muscles are more supplied with nervous influence. It is that they are less supplied with this influence. * * * * It would seem indeed as if the disposition to muscular contraction were most antagonized where the largest amount of nervous influence was supplied to the muscles."

It will not appear astonishing to hear, after reading this extract, that Dr. Radcliffe maintains, as was just said, different opinions upon the subject of muscular contraction to those generally entertained. He opens the lock with a key of singular construction. The first part of the present volume, comprising 135 pages, is devoted to the physiology of muscular motion, and is principally intended to establish the following proposition :—

"Muscle contracts, not because it is stimulated to contract by nervous influence or electricity, or any other so-called stimulus of contraction, but because something has been withdrawn from the muscle which previously prevented the free action of molecular attraction."

His purpose is rendered still more evident in the following statement. He undertakes to prove—

"That muscular contraction is not produced by the stimulation of any property of contractility belonging to muscle."

And with this he also extends his remarks to several collateral topics. In handling this matter he gives a copious exposition of the experiments and deductions of Dr. Du Bois-Reymond, who is also amenable to the charge of similar dissent from the recognised opinions concerning muscular function.

The foregoing plainly exhibits that the characteristic phenomena of epilepsy will be interpreted differently by various observers according as the bias of their judgment inclines them to consider power or debility as the essential influence in action. Participating in the frequent applications made of the same fundamental principles to other diseased states, it is not to be expected opinion should be undivided as to its nature, or, in other words, as to its pathology. Until all minds can take the same view of the elements of vascular disturbance, there is no probability for assuming they will agree upon those referring to the more occult disorders of the nervous system. Until pathologists agree in deciding whether inflammation be power or debility, the like terms will be promiscuously applied to the solution of the mystery of epilepsy. And a sufficient reason for our saying so is, that both inflammation and epilepsy stand as representatives of disease generally ; for concerning the latter, there prevails the same uncertainty as to whether it (disease) be power or debility, and, necessarily, the diversity of belief must pervade the example that is for the time the reflection, of the features of disease in general,in the interruption of health, departure from the normal state, invasion of morbid phenomena, and progress in diseased changes.

It is pleasant now to turn from this glorious uncertainty in Pathology to treatment—the next object of the book under review. Here experi-

ence becomes the guide and immature reasonings are displaced. Here the business is not what we might think would be serviceable, but, on the contrary, with what has been found out to be efficient. And if our author should not bring forward anything, either of novel indication or peculiar in appliance, he only thereby lends additional confirmation to the evidence which induced us to say, at starting, that the idea, of a correct pathology being necessary to a proper treatment, was simply a chimera. Were it otherwise, we should expect that, in the face of so much novel pathology, there should be a corresponding revolution in the treatment. But he justifies our sentiment, and we find that he deals with epilepsy much in the same way and with the same implements as others who have different pathological conceptions.—In the class of drugs he places the oxid of zinc first, and descends to an analytical examination of Herpin's avowed success with it. After this, he, in turn, mentions ammonio-sulph of copper, nitrate of silver, iron, quinine, turpentine, valerian, naphtha, &c. These, it will be perceived, are just the agents a practitioner, looking at the disorder through the lens of power, would select,—in short they are the means commonly resorted to. It does not follow, as experience shows, that tonics like these must be necessarily contraindicated where power is supposed to characterize the proximate cause of the disorder; for the morbid elements of the part may be in power, while the constitution at large is in debility. The error formerly entertained was to distribute power over too large a sphere, and consider the affected organ as involved in a part of a general power everywhere dispersed. Accordingly, as our author properly remarks,

"It is now no longer the habit to bleed, either by the lancet or by leeches. It is now no longer the habit to distress the bowels by purges, or the stomach by emetics."

But this abandonment of depletion, it will be observed, has not been attended with an accompanying abandonment of doctrine, for practitioners give them up and still hold to their old ways of thinking about the nature of the malady.

As the title declares, the volume is, also, on other convulsive affections than epilepsy. These occupy four chapters, and are entitled Tremor, Simple Convulsion, Epileptiform Convulsion, and Spasm,—each is examined in its history, pathology, and treatment. The history is first general, then special, in reference to the different modifications or phases of each.

In bringing these remarks to a close, we may mention our object has been principally to awaken an interest in Dr. Radcliffe's work, feeling persuaded that it is one, the study of which will recommend itself to every individual who is in search of the latest information upon the

highly important subject of which it treats. It is, moreover, written in an agreeable style, which renders it much more readable than the humdrum, formal compositions that abound in medical literature; while it displays throughout abundant evidences of ingenuity and talent in the mode and matter of its discussions.

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ART. IX.—*A Manual of the Practice of Medicine.* By T. H. Tanner, M.D., F.L.S., Author of a Manual of Clinical Medicine and Physical Diagnosis, &c. &c., Licentiate of the Royal College of Physicians; late Physician to the Hospital for Women, &c. &c. First American, from the third Revised and improved London Edition. Philadelphia: Lindsay & Blakiston. Montreal: B. Dawson & Son. Quebec: Middleton & Dawson. 1858. Pp. 398.

It would seem as if a necessity existed for works of the character of that now noticed; for it must be upon some such persuasion that so many have already appeared and passed through, in some instances, so many editions. The obligations are best known to two classes of the profession, who happen to be those most likely to be in search of book-learning. The first is the hard-worked student, who, too frequently from choice, devotes himself to an attendance upon an excessive number of classes, and leaves but fragments of his time for reading; the other, the physician in active practice, who, desirous of keeping up or perfecting his clinical knowledge, is constrained to consult the only-sized book that is adapted to the little rest and less recreation he enjoys. To such as these, a volume, like Dr. Tanner's, which gives the whole cycle of medical affections in the smallest allowable space,—which affords the greatest possible amount of information in the smallest possible amount of print,—is considered a desideratum. Compared with the original issue of Hooper's Physician's Vade-Mecum, inasmuch as it belongs to the same class of works, it contrasts very strongly, and with a manifest favor in behalf of the progress of the science and art of medicine. Dr. T., we also think, has exhibited a much greater share of originality of description and observation than is commonly met with among the authors of similar manuals. These evidences are especially conspicuous under the heading of Treatment, where we find him referring to the most modern opinions entertained on the subject of Therapeutics, and giving his view of them, together with the latest remedial suggestions, and the experience he has personally had of them. As an instance, we may cite the opening section on Inflammation, where the reader will be gratified by finding the present controversy on Inflammation and its treatment briefly, but

instructively, handled.—After concluding his account of the special diseases, a large collection of Formulæ, extending through 56 pages, is appended; and the volume is terminated by a classified list of mineral springs,—a statement of the proportions of active ingredients in some important preparations,—a table showing the quantity of acid required to decompose ℈i. of certain alkaline salts,—freezing mixtures,—and an index.

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ART. X.—*The Physician's Visiting List, Diary, and Book of Engagements for* 1859. Philadelphia: Lindsay & Blakiston. Montreal: B. Dawson & Son. Quebec: Middleton & Dawson.

The Physician's Visiting List has now become one of the established institutions of the profession, thanks to the excellent caterers of Philadelphia, who every year afford this substantial proof of their consideration for the convenience of the toil-worn doctor. It is unnecessary, therefore, for us to enter upon its description; but while we experience its benefits, we cannot conclude without strongly advising others, whom we wish to participate in them, to lay out yearly $1 in the purchase of a copy. Before the twelve months expire they may find they have been saved many a dollar by being reminded, through its memoranda, of calls or engagements that otherwise might, in the pressure of business, have been lost in the nothingness of oblivion.

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## CLINICAL LECTURE.

*Tonics and their Administration.* By Dr. Gull, Guy's Hospital.
(*Medical Circular.*)

Gentlemen.—I wish to speak to-day, in form of clinical lecture, of a subject that—to use a common expression—has been weighing on the mind of myself and more than one of you for some weeks; it is, What may be the nature of the "general debility" that has been so prevalent during August, this summer, in almost all our patients in this hospital? I told you in the wards I should take the first opportunity I could to enlarge on this point, and strive to explain its value or signification.

We have passed through a curious phasis of belief in the Medical Schools, that purging and bleeding were necessary to stop inflammation, and now we are fluctuating towards the opposite extreme, or all travelling on an opposite road. It is now thought that the chief diseases are due to debility, and inflammation must be stopped by stimulants. It was

at the confluence of such logical cross-roads, Lord Bacon set up his crucial instances, or finger-posts, or crosses to direct inquirers. That case which occurred to us this week is a case in point. I said I thought it softening of the brain, to be treated by generous diet and stimulants, but it turns out, on the post-mortem table, a case of sthenic inflammation. I told you at the time of the autopsy I should make some observations on stimulants and their value in cases of debility. I will make a few observations on this term "debility," as I know it quite falls in with your wishes, as expressed in the wards. Does this debility really and positively exist, or is it a cloak for our ignorance? We hear it said every day, "What did he die of?" "Oh, general debility!" I believe the term is a lazy one; it is an indefinite term, it is a negative term, and so it is a dangerous term for us to use. Do we find in the dead-house any disease that Dr. Wilks could term, pathologically, "general debility?" Certainly not! Now, a negative thing is one of the most difficult things possible to establish, or to argue about. I find diseases of the circulating system especially connected with what is called general debility; then, again, I meet patients sent to me dying of this general debility,—but I find albumen in their urine; this directly weakens them. I find in another that he has decided urea in his blood; some change going on in his system, for which I advise change of air, and he gets well. A lady called on me yesterday, suffering from "general debility," but I detected that she had been suffering from a "miasm;" in two other cases I found the general debility to arise from slow poisoning by lead. Dr. Addison was so struck by this asthenia, or debility, that he was led to examine all the organs very closely, and only then found the supra-renal capsules diseased —this disease probably interfering with the ganglionic nerves and function of healthy blood! You will not be long in practice, depend on it, when you will be consulted about general debility—the cause of which you must find out for yourselves, if you intend to remedy it. It may have its seat in local pleurisy or consolidated lung, and your patient becomes weaker on any extra exercise having been taken. The existence of such a disease leads to errors of circulation, or sanguification, with which, no doubt, you are all familiar. But in whatever mode the disease is caused, I wish especially to fix your attention on the fact that the disease will be presented to your notice as what the French call *malaise*, but patients term general debility. "Only cure them," they will say, "of this general debility and sense of sinking, and they are sure they will get well." This is why sea air is so useful in August or September.

What is strength, or life? A child is comparatively weak, or not strong, as compared with an adult, but we do not call that debility; the

tissues that exist may be in full activity, but the tissues, *quoad* function, are not yet fully developed. Old people, again, are weak, but here the tissues are debilitated, or becoming worn out. I do not think in adult people all the tissues are changed every seven years, as popularly believed to be the case. Now, I should ask, especially in adult patients, What is strength? and you at once see it is a very complex thing. When the patient advancing in years says he is suffering from general debility, you will probably find also some local disease re-acting on his organism. Our tissues represent to us curious and beautifully elaborate parts in a state of vital "tension." A spring of a watch and its wheels are elaborate, but of no use till the spring be placed in a state of tension. Food (and vegetable food especially) supplies the something we call tension, but in the healthy capacity of each patient to exhibit or sustain this tension, consists his strength; in a word, the power of assimilating food through all its different stages. Now, we know that the impure, close air of cities in August and September is very unhealthy, whether from absence of oxygen, or from the vegetable world being in abeyance as regards its function of absorbing sewage gases, we do not know; but the impure close air of London—in August especially—keeps the spring unbent; children especially do not take their food, and debility with them becomes very prevalent, with diarrhœa, &c.

I am often reminded (in practice) of an excellent observation also, by my friend Mr Hilton; he says: "If limbs remain not used, they waste away—thus, by contracting the muscles; this very functional activity necessitates their nutrition." Now, amongst young ladies, in private practice, you will find the limbs and muscles remain not used; their tissues do not waste enough, and they may be actually debilitated or weak, because they appear so strong! Waste of tissue and nutrition, by some wonderful law, go together. Exercise in the open air also gets rid of *excreta* that lurk in the system and cause debility. Lying in bed is a very common cause of debility—a proper waste of tissues does not go on.

Patients often come to you also with some obscure but active inflammation in the chest—a common cold or influenza—and they invert the old rule, as they "feed a cold, but starve a fever." They are wretchedly debilitated, though, perhaps, taking beef steaks or porter. You prescribe for such cases a saline with antimony, and vegetable diet, and mild starvation for a few days, and they will grow strong, which they would in vain strive to do previously by taking food that was never assimilated. In the same way, you may have good nutrition, but too much exertion of muscle and waste of tissue, as in the very poor class of patients that

come to hospital. Lying in bed is a cause of debility, as I have just said; hence, surgeons put on starch bandages in fractures, and send such poor patients into the air. If you find in a patient a very irritable nervous system, you will have also waste going on, waste even during sleep. Excessive exercise also will waste the muscles, but proper or moderate exercise strengthens them. In London, one finds both extremes—one set of people all idle or sedentary, especially patients of the upper classes, or of the female sex; their general debility is cured by prescribing exercise. They tell a good story of Dr Jephson, who used to cure his delicate lady patients at Leamington, by taking them out in a carriage,—but, suddenly, something happening which obliged the debilitated patients to walk back over a rough road, three or four miles. We have, then, patients also of the other extreme, who are "walked off their legs" by the toil of business. A few glasses of wine, or a little bark and ammonia does much good in such cases as tonics. You see at once, therefore, that it is a tedious process to find out if a patient owes his or her debility to waste of "tension," or diminished "tension," or whether you are to over-rest or to over-exercise. Sleep too, I may tell you (at least, healthy sleep), very much depends on healthy waste of tissues and their normal reparation.

Now, about tonics. You naturally will say, What about quinine? Muller says, we know of no "direct tonics." I believe, also, there are no tonics but those which wind up the "tension" of our tissues. Whatever will do that has, for all practical purposes, been regarded as a tonic. Well, iron and quinine are the favourite tonics, but is some cases a purgative would be a better tonic, so as to act on the liver; in some other cases, wine is a direct tonic, or food. A gentleman recently came to me suffering under "general debility." I saw at once his liver was the diseased part. Some small doses acted, as I call it, as a direct tonic. In another case of debility, I detected "Bright's disease," with intense debility. Well! we "snuffed the candle." The flame thickening, and dull from excess of effort, tissue was changed by one or two doses of elaterium into the cheerful glow of comparative health; elaterium here I call a tonic. We took away what prevented the tension of the vital forces, and the elaterium produced a state of strength; in short, acted as the very best sort of tonic. We may scientifically vary our medicine, but I call them all "tonics," as establishing the normal "tension" of the constitution adapted to health.

In the recent "blood-letting controversy," or discussion as to the nature of what is called inflammation, almost everything turns on the meaning of the terms "debility," or asthenic power, active effusion in

inflamed parts, or sthenic power, &c. &c. Want of power or debility, is even oftener seen in surgery than medicine—as exhibited in want of "tension" of the system to carry patients through a formidable operation, and the subsequent reparation of the injury. Surgical erysipelas, for instance, is a disease of debility, and wine one of the chief remedies. In the daily practice of medicine, I find wine to be our almost single direct tonic, and to act as a food, or, at all events, to economise food. I agree with the views of Dr. Todd on this subject. Of course, wine is only adapted to some cases, such as wasting fevers, or surgical cases for instance. Wine stops debilitating diseases like erysipelas, &c. Exercise may be a tonic. Iron may act as a tonic, or even minute doses of strychnine. But if you will apply the observations already made, you cannot be at a loss to find why they are tonics, and the best kind of tonics.

I have done enough to-day, however, if I have indicated a certain line of thought for you to follow. I could have wished that I could offer you something more of the vast number of facts bearing on this subject, and leading to this doctrine of debility depending on want of vital tension in the animal tissues. "It is not wings, but rather lead and weights." says Lord Bacon—("non pluma sed plumbum potius et pondera")—that the human understanding wants; something to restrain its tendency to leap and fly at once from particular facts to universal principles." You must not, therefore, from a few facts take these principles for granted till you have calmly worked them out for yourselves, in the practice of the wards of the hospital, if the subject is left with you in a fragmentary or imperfect shape—observed once of a lecture by Mr. Astan Key in this theatre—it is with the intention that you may go over it yourselves, and fill in the outline. One thing is, at least, quite certain—that the Medical Schools are passing out of the old doctrine of heroic bloodlettings and antiphlogistics; and the treatment by stimulants of this "general debility," of which I have spoken, has become a reigning fashion. Still, as I said already, the term "general debility" is a negative term, a lazy term, an indefinite term, except we examine it below the surface, and prescribe accordingly.

## THERAPEUTICAL RECORD.

*New Local Application in Erysipelas.*—M. Anciaux speaks in high terms of the following application for erysipelas and some other cutaneous affections:—Alum reduced to impalpable powder, 30 parts; white precipitate, 1 part. Rub up well together, and place the powder in a bottle, and then add from 90 to 100 parts of glycerine. Shake the bottle until the mixture assumes a creamy

consistence, and repeat the shaking whenever the application is about to be employed.—*Druggist's Circular.*

*On the Comparative Action of Chlorate and Iodate of Potash.*—In a late discussion in a French medical society, M. Demarquay announced that he had made some comparative experiments upon the action of chlorate and iodate of potash in mercurial salivation and ulcerated stomatitis; and he found that, although the first of these salts exercises a well-known and powerful effect upon the bucco-pharyngeal membrane, yet its operation is inferior to that produced by the iodat,—one gramme of the iodate producing more prompt and satisfactory results than four grammes of the chlorate.—*Ib.*

*New Remedy.*—Dr. Barnes, of the "Dreadnought" and Metropolitan Free Hospitals, has extensively tested the restorative and curative powers of phosphate of zinc, a new remedy introduced by him within the last two years, in the treatment of epilepsy and other nervous affections, resulting from cerebral exhaustion. He gives one case of epilepsy, as a type of many others, in which the prescription was, phosphate of zinc four grains, dilute phosphoric acid twenty minims, tincture of bark half a drachm, three times a day. Cure.—*Ib.*

*Vaccinating with a Magnetised Needle.*—Prof. Beka states that since 1856 hundreds of children have been thus vaccinated, with scarcely any failures occurring. The point of the needle is well saturated with the magnetic fluid before practising the vaccinations, which are then performed in the usual manner, a single magnetisation serving for many vaccinations. It is quite surprising to observe the rapidity with which the vaccine virus is absorbed when the needle is thus prepared.—*Presse Med. Belge.*

*Tannin in Chronic Bronchitis.*—M. Berthel, a celebrated French physician, recommends the following mixture in cases of bronchitis of long standing:—Take of tannin, three grains; extract of belladonna, three quarters of a grain; extract of conium, two and a half grains, infusion of senna, three ounces; fennel water and syrup of marshmallows, of each an ounce and a half.—*Ib.*

*Chlorate of Potash in Scrofulous Sores.*—M. Bouchut employs with great success a solution of this substance (℥ j. ad ℥ iij. aquæ) as a local application to external sores in scrofulous children. He has also found it highly useful in arresting the progress of ulcers supervening upon the employment of blisters, as also in ulcerated chilblains.—*Journal of Practical Medicine, June.*

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## PERISCOPE.

*Treatment of Dysentery by the Administration of large doses of Ipecacuanha, by Mr Docker.*

"I have tested this medicine in cases of every kind and degree. Out of upwards of fifty cases of dysentery I lost but one (in former years the mortality ranged from ten to eighteen per cent.); and in the instance in question death was caused by abscess in the liver; the primary disease had been not only cured, but very thoroughly cured, as I shall hereafter

show. I must observe that I had at one time been in the habit of prescribing ipecacuan in the small doses recommended by Mr. Twining; but so ineffective was it when thus administered—excepting in cases of no great severity, wherein other medicines answered as well, *without* the inconvenience of nauseating—that I had long ceased to employ it. On resuming the use of ipecacuan, I gave it in doses ranging from ten to ninety grains; rarely less than twenty grains. The larger quantity was given in urgent cases only, the ordinary dose being a scruple or half drachm. The action of these large doses is certain, speedy, and complete, and truly surprising are sometimes their effects. In no single instance has failure attended this medicine, thus employed. I am not, of course, sufficiently sanguine to expect that it will effect a complete cure in an immense majority of instances.

"In all constitutions, robust as well as delicate, under all circumstances, the result is the same. In the very worst cases, when the strength of the patient is almost exhausted, after the whole range of remedies has been tried in vain, the disease running its course swiftly and surely to a fatal issue, ninety grains of ipecacuan have been given, and forthwith the character of the disease, or, I should rather say the character of the *symptoms* has been entirely changed; for the disease itself is literally cured, put a summary stop to, driven out. The evacuations, from being of the worst kind seen in dysentery, have not gradually, not by any degrees, however rapid, changed for the better; they have ceased at once, completely. There has been no inclination even to stool for twenty-four or thirty-six hours, the patient all the time in a state of delightful ease and freedom from pain; then at last, without aid of any kind, a perfectly natural, healthy evacuation, all irritation, pain, and tenesmus having at the same time entirely ceased.

"Nor is there the disposition to relapse so common in acute dysentery. I have not observed what may be termed a true relapse in any instance. If the patient contracts dysentery again, he does so *de novo*. All that remains—the medicine having cut short the disease—is for the patient to recover strength; and this quickly follows, without any extraordinary care as regards diet and regimen, so indispensable and requiring such nicety of management in convalescence from dysentery generally. The usual necessity, moreover, for after-treatment, in the shape of a long course of astringents, &c., is in most cases entirely obviated, a few doses of some vegetable tonic being all that is needed.

"It may be asked by what means the stomach is enabled to retain such large doses of an emetic substance. The course I have generally adopted is as follows:—In the first place, a sinapism is applied over the

region of the stomach, and simultaneously a draught given containing a drachm of laudanum. Half an hour after, when the sensibility of the stomach has been, by the action of the opium and counter-irritant, as much as possible diminished, and the patient's attention is occupied with the sinapism or by conversation, the ipecacuan is administered—generally in a draught sometimes in the form of pill or bolus—and the semi-recumbent posture steadily maintained. In a considerable proportion of cases, the medicine is not rejected, or it is at least retained long enough to enable it to do its work. If necessary, I repeat it till the stomach does retain it. I never yet have been obliged to give it in the form of enema. Where so considerable a dose as sixty or ninety grains has been administered, I in general wait ten or twelve hours before giving another. Should the bowels, however, not meanwhile have acted, a repetition is not generally required. I ought here to mention that I begin the treatment of dysentery in most cases, with an emetic—always with a thorough clearance of the bowels."

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An article on *Aneurism at the Root of the Neck* treated by pressure on the carotid and sub-clavian trunks is published in the ' Lancet ' by Mr. Edwards of Edinburgh. This gentleman had previously reported the details of the case in which his treatment had been successful; the patient having recently died he now reports the autopsy. The examination showed that this was a case of subclavian aneurism cured by pressure beyond the sac.

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*A case of Spasmodic Asthma in a Child Five Years Old.* By Geo. McC. Miller, M. D., of Brandywine Village, Del.

On the 7th of August, at 10 o'clock, P. M., I was called to see S. P., a little girl æt. five years, who, as the messenger said, "could scarcely get her breath." Upon entering the room and glancing at the patient, it struck me that the case was one of pure uncomplicated asthma—an opinion which was fully substantiated by careful inquiry and examination. Distressing dyspnœa, wheezing respiration, anxious physiognomy, restlessness, an urgent desire for fresh air, and all the other characteristic features of the asthmatic paroxysm were distinctly exhibited. According to her mother's testimony, she had been subject to these visitations for several years—in fact from her infancy. Her attacks occurred almost invariably at night, and usually in a sudden manner, although sometimes heralded by croupy symptoms.

I administered to the interesting little patient two doses of vin. ipecac, f 3 ij each, with an interval of fifteen minutes. Shortly after taking the

second dose she vomited freely, and then breathed more comfortably. I directed fifteen drops of tinct. lobelia to be given her every hour until her difficulty of breathing should entirely disappear. On my second visit, the following day, she was playing and romping in the yard with her companions, and declared herself quite well.

It is noteworthy that the father of this patient was subject to asthma, so that she labored under an inherited predisposition to the disease.

The interesting point of this case is the early age at which it occurred. Of course the case is not *unique* in this respect; for such early attacks of asthma are occasionally seen. I report it merely as one of the *rarities* of medical experience.—(*Medical and Surgical Reporter.*)

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*Cholera Infantum.* By N. C. Reid, M. D., Philadelphia.

Many years practice and close observation inclines me strongly to the opinion, that the theories, and practice consequent thereon, as promulgated relative to this so-called *disease*, are far from being correct. It is proper that I should here premise that Cholera Infantum and Summer Complaint are in my estimation two separate and distinct conditions of the system.

My deductions are that Cholera Infantum is simply an atonicity of the sympathetic plexus or nervous centres induced by the oppressive influence of a highly negative electrical atmosphere.

Should the atmosphere be oppressively warm, sultry, *calm*, and negate electrically, for an hour or two, hundreds of infants will be seized with this atonicity. Rice water emesis and dejections will follow, and in a few hours, should this atmospheric condition persist (unless relieved,) the patient will have paid the debt of nature. If the exhaustion has produced collapse, should a positive atmospheric condition ensue, the tenacity of life is so great in infancy, that nature may rally, and attempt a restoration, mostly to be followed by cephalic effusion, to protract their suffering.

The treatment pursued by me accords with my theory, viz:

Acidulated ice water, sponging of the surface of the body, diluted brandy a teaspoonful, containing gt. i. vel. ij; of the following—℞. strychniæ, gr, ¼. acidi sulph. aromat. f ℥ i. solve.

After every emesis or dejection, as soon as the stomach will bear it, essence of beef in small quantities: the river air, if possible; if not, keep the patient in the open air, rather than the house, and as the mother must be more or less affected by the same condition, and her mind agitated and distressed, thus vitiating the lacteal secretions, total prohibition of the breast until convalescence has been established. Seventy-eight

cases, (a large number of them among the very poor of the Third Ward) were treated in this manner in my practice during the last summer, and the deaths were but three.

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*Diarrhœa or Summer Complaint as contra-distinguished from Cholera Infantum.*—There exists, particularly among the poor, the very pernicious habit of cramming their suckling infants with what is called "table food." The physician remonstrates in vain. Grannies and mothers are wiser than he, and not only persist, but the mothers must themselves partake of all the unripe fruits and vegetables with which the markets at the season abound, so to ensure as it were at least the suffering, if not the death of their beloved idol. This may appear harsh, but is nevertheless true. Many suckling mothers, if not a large proportion, not only keep bad hours, but suffer their tempers to become rampant, and either recline in excessive lassitude or indulge in excess of exercise. Now each and every one of these habits vitiates or poisons the lacteal secretions, and yet none hesitate an instant should the infant cry, to supply this vicious nutriment. These causes, coupled with the depressing atmospheric condition, together with the irritation of teething, must naturally produce an atonic condition of the stomach, wholly unfitted by nature for the herculean tasks it is daily and hourly called upon to perform. From the debility of the organ thus produced, it becomes distended with undigested aliment and flatus, the assimilating organs refuse to perform their action, fever follows as a matter of course, preceded frequently by, or accompanied with convulsions—a symptom never present in Cholera Infantum.

Nature at this period, attempts a relief, and either a profuse secretion of the mucous membrane or exosmosis ensues; Hypercatharsis and perhaps emesis supervene to rid the stomach and intestines of the incubus which depresses them; but the *ejesta* is not *rice water*, but undigested food, "green slimy mucous" and acrid secretions.

The slightest attention to these preliminaries unerringly point to the modus operandi of assisting nature to recover or re-establish a healthy tonic action of the disgestive organs.

My general treatment is to clear the primæ viæ of irritants, say an ipecac emesis followed by—℞. ol. ricini, f ʒ ij, vel. iij., ol. caryophyllæ gtt; (a smaller dose gripes without producing the desired effect,) and after its action, which is generally two stools, I prefer giving ℞. Magnes. sulph. ʒ j, aq. camphor f ℥ j., opii. gtt. viij., aq. font. q. s. a ut. ft. mist. f ℥ iv. s. a teaspoonful every two hours.

When the liver refuses to supply its quota, fel. bovin inspis., gr. ½ ter die will suffice until the torpidity ceases, which may be roused by gtt. i.

or ij. acidi sulph. dilut. in vini gallici dil. every two or three hours, (not calomel to increase atonicity.)

Let the aliment be essence of beef, chicken-water of jellies, hematosin dried and compounded with sugar and capsicum: no farinaceous articles of any kind, and total abstinence from the breast, but if these articles should be rejected by the stomach, and milk become necessary, let it be cow's milk, fresh, with a solution of gum or gluten to prevent a too firm coagulum.

If there be no fever and the skin presents a moisture and the stools still have a watery character, I direct a few grs. of gallic acid and pulv. cinnam. vel. caryophyl. to be given after each dejection, until these become of a pasty consistency.

If tormina from flatulency, an enema of ol. tereb. et lac assafœt., the stimulating and sedative effects generally quiet the little sufferer.

When the gums are dry, hot and swollen, I lance freely and bathe with some soothing lotion, say tr. opii. camph. or Godfrey's cordial applied with the fingers frequently.

Under such treatment if the mother carries out my instructions, I never have a chronic case, but if called to a chronic case, unless the brain exhibited unmistakable signs of congestion or meningitis and strabismus be present, I should pursue the same course of treatment.

In many unpromising cases of tabes mesenterica, I have been gratified with the return of health to my patient that was certainly unlooked for, but even in these cases the variation only consists in exhibiting, after having by the usual treatment relieved the primary condition of the digestive apparatus, and persevering in the aliment already described. A powder containing ℞. Hydrg. prot. iod. gr. ¼, doveri pulv. gr. i. vel. ij. acidi, gallici gr. ij., ol. caryoph. gtt. ss, sacch. alb. gr. v, to be taken at bed time, so as to calm and relieve the child for the night, and giving the acidi sulph. dil., vel. arom., with vini. gallici during the day, and depending on these medicaments and hygiene to assist nature in her efforts, have been crowned with success.

Where by injudicious meddling with nature's efforts encephalic symptoms ensue, we must treat them as we find them. If congestion by the exhibition of terebinth and potassa, revulsents, etc., leeches to the temples or over the petrous bones—particularly on the appearance of *strabismus*, cold douche, &c. If meningitis supervene we must be governed by circumstances. One of the most certain is to re-excite the discharge per anum, and the warm douche every hour to the head will produce a much more happy effect than the cold, for the reason that the rapid evaporation of the caloric succeeding each bath would cool and relieve the head.—(*Idem.*)

2. *Dislocation and Reduction of the Crystalline Lens. The Brit. and For. Medico-Chirurg. Rev.* gives from the *Moniteur des Hopitaux* the report of a case by M. Mahieux. The patient was a farmer, aged sixty-five, who, twenty years since, lost his right eye, without any apparent cause, became affected and vision was not clear, a veil appearing to conceal the upper part of any object. After a year, suddenly a condition of nyctalopia came on, and in certain positions, objects could not be perceived. "On examination, the lower part of the anterior chamber was found occupied by the opaque and quite moveable lens, its upper border rising a little above the centre of the pupil. The tremor of the iris characteristic of synchisis was also present. A lens that had remained so long without undergoing dimunition in size was not likely to undergo absorption, but although its extraction would not be difficult, it would be a serious operation to risk in a man who had but one eye, and who still saw enough to guide himself about. It was determined, therefore, to attempt the reduction of the lens, or rather its passage into the posterior chamber. The patient was laid on his back, and the Sulphate of Atropine was dropped several times into the eye, motion being imparted to the lens from time to time, in order to direct the lens from iris. This gradually passed into the posterior chamber, and when the patient stood up, the upper part of the lens was alone perceived in the lower hemisphere. Next day the patient had recovered his vision completely, except that there were some muscæ volitentæ observed. A bright light now pained instead of preventing vision. The report only comes down to a fortnight after the reduction, when the pupil was found to be normal in its action, the iris continuing tremulent." (*Idem.*)

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3. *Traumatic tetanus treated with Opium.* From a paper read by Dr. C. K. Winston, of Nashville, Tenn., before the State Medical Society at its last annual meeting, we obtain this *resume.*

"Tetanus is a disease of the spinal nerves followed by spasm of the voluntary muscles to which they are distributed."

It may arise from an injury or general causes. In infants it is called trismus nascentium. That species treated of in this paper results from injuries. It does not depend on any peculiarity of the wound, yet more frequently follows laceration. "It may occur during suppuration, but most frequently in the opposite condition, or when the wound has healed, sometimes weeks afterwards." It commences with unpleasant feelings about the neck, a difficulty in turning, or opening the mouth. These continue, and permanent contraction ensues. Gradually, all the voluntary muscles are involved, and in addition, we have regular spasms, with

excessive pain, generally from contraction of the diaphragm. These continue and increase in violence, till death, which generally occurs in about ten days. The spasms are excited by touching the surface, as a stream of cold air on the parts, and even the lighting of a fly on the face. In the intervals the patient is easy, and may sleep.

The pulse is natural, the secretions are not disturbed, and all the organic functions are performed regularly. The intellect is unimpaired.

"It seems to me that in the treatment of this disease, the mind of the practioner is not sufficiently impressed with the importance of directing our remedies steadily to what I conceive to be the only point in the case." The only diseased action to subdue irritation of the nerves of the spine. Control this, and the spasms are relieved. Opium is his remedy, and the modes of treatment he determined to risk all on opium. He relates three cases in detail.

Case 1. A negro boy, aged eighteen; had been severely whipped, and ran away, laid two nights in a cold barn. When found, he had tetanus; jaws clenched; voluntary muscles permanently contracted; clonic spasms every few minutes; opisthotonos. Washed off his body, and treated with sweet oil. Gave half a grain of sulphate of morphia every hour till the spasms were controlled. These subsided as soon as he was brought under the action of the morphia. When in six hours, the spasms returned, gave one grain of morphia, and gradually increased to three grains every four or six hours, and daily inunction with the oil for eighteen days, when he recovered. During this time, the bowels acted well, and narcotism did not ensue. The inunction was resorted to, from the idea of the oil lessening the sensibility of the skin.

Case 2. A negro, aged thirty; chancer on penis, and when heated went into the river. Seized that night with tetanus. More violent than the former. Acted as in the other case, and in fifteen days he recovered.

Case 3. An infant, aged five days; very violent spasms every few minutes. Gave tr. opii. camph. five drops, increasing five drops every hour. Fifteen drops controlled the spasms. This was repeated every two or four hours, increasing till half a tablespoonful was used by the mouth. Tr. opii. was substituted on the third day, and gradually increased to nine drops by the mouth, or twenty by the rectum. Spasms being shortened by slapping the face and chest with a wet cloth. The spasms subsided on the seventh day, and the child recovered.

In addition, he would in future "apply a paste of the extract of belladonna along the spine, daily, and in obstinate cases, blister the spine and apply morphia or belladonna along its extent."

(*Medical & Surgical Reporter.*)

*A Case of Natrophagie.*—Related by Dr. Bocker, Crown Physician, in Bonn.

Mr. Titz, formerly an apothecary, now a stock-jobber, sixty-two years of age, enjoyed excellent health during early life, and up to 1840. About this time, he became subject to daily emesis, which lasted to 1842, at which time he had become very much emaciated and bedridden. He now underwent treatment at Hamburg, with very great relief; but it was not long until the vomiting returned to its former distressing extent. The substance ejected was dark mucous coffee-grounds looking stuff, sometimes decidedly bloody, and very sour. The emaciation now became very great indeed.

Mr. Titz, from the fall of 1842 to the beginning of 1843, took daily a half ounce of bi-carbonate of soda, and from the year 1843 to 1854, daily, one whole ounce of the same substance, with complete relief to the vomiting. He sometimes took the salt with a little water, but ordinarily he chewed or swallowed the dry crystal. The taste became quite tolerable, in fact agreeable. He took the ounce in three portions, either shortly before or immediately after eating. It was for a quarter of an hour followed by eructations of carbonic acid gas.

In a few days after beginning, in 1842, to take the bi-carbonate, all the symptoms began to improve. The vomiting and acid eructations ceased, the appetite returned, the digestion became good, defecation regular and fæces natural in appearance, the patient assumed the entire appearance of good health, and in a few months complete health was restored. Jocundity and rotundity took the place of his former meagreness and melancholy.

In 1854, Mr. Titz stopped the use of the soda; soon he felt weight in the epigastrium, and experienced flatulency, acid eructations, sommolence, weakness, yawning, asthma and rheumatic pains. He was for several weeks treated by different physicians, most of whom attributed his symptoms to the inordinate use of soda. He grew worse, until, in despair, he resumed the bi-carbonate of soda, from six drachms to an ounce daily. From this time forward he improved, until, in a short time, every symptom had vanished, and up to this time Mr. Titz has enjoyed uninterrupted good health.

When he goes on a journey, and for a few days neglects his soda, the symptoms begin to make their appearance, to be entirely dissipated by a return to the remedy in full doses. It is necessary that at least six drachms or an ounce be taken daily to have the proper effect. His habits now are very regular. He rises at seven o'clock, takes his bread and coffee, dines at one o'clock, with a good appetite, taking afterward

a glass of wine or beer, sleeps an hour, goes out walking, in the afternoon drinks a cup of coffee, mingles in society of evenings, takes a glass of wine or beer, sups, goes to bed at ten o'clock evening, and sleeps soundly till morning.

Mr. Titz is robust and healthy, of blooming countenance, strong in muscle and corpulent. His digestion, notwithstanding the extraordinary use of his soda, is good; his bowels are regular; the urine is alkaline; clear wine color and without sediment, ferments upon the addition of acid, and contains a great deal of bi-carbonate of soda.*

The lungs are perfectly sound. There seems to be some deficiency in the left auriculo-ventricular valves of the heart, which, however, causes no embarrassment. Pulse, sixty-five to the minute. The liver, spleen, kidneys, none of the abdominal organs, give any sign of disease whatever. In fact, Mr. Titz, for a person of his age, is a model of unexceptionable health. His four children, all grown, are also healthy. If, in consequence of an omission of his accustomed wine or beer, his appetite becomes poor, a somewhat large dose of the soda sets all things right with him in a few hours.

This brief history of a very singular case possesses several points of interest. We may from it, I think, draw a useful lesson, and have our views enlarged in regard to physiological processes.

If it were true that alkaline mineral waters are a cure for obesity, that alkalies destroy the fat, Mr. Titz should be very much emaciated, instead of being so fat and lusty.

It is said the long use of alkalies deprives the bones of chalk. If this were true, Mr. Titz should have been cartilaginous before this time; but we find, that after fifteen years' use of soda, his osseous system is strong and firm. Also, if it is necessary for the gastric juice to be acid for complete digestion, what an enormous quantity of acid must the stomach of Mr. Titz secrete.

I should have been very glad to have entered into a series of research with Mr. Titz, in order to ascertain the effects of soda upon the organism, more particularly the secretions, but he would run no farther risk of effects which the withdrawal of the soda from him seemed invariably to produce; and to ascertain its precise influence, it was indispensable to withdraw it for some time. An analysis of the blood would also have been exceedingly interesting to me, but it was impossible to procure any for the purpose.

* It would have been interesting to ascertain whether the faces did not contain the bi-carbonate of soda, but Mr. Titz would not give me an opportunity to experiment on them.

Although it was not in my power to develop this case in all its important aspects, I hope the foregoing account of it may not be altogether profitless.—*Chicago Medical Journal.*

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*Report on Obstetrics.* (*From the New York Journal of Medicinee.*)

1. THE FŒTUS IN UTERUS.

1. *W. T. Savory.—An experimental inquiry into the effect upon the mother of poisoning the fœtus* (June. 1858).—Although the question, as to the possibility of transmitting poisons through the fœtal vessels of the cord to the maternal blood, seemed to be settled in the negative by the experiments of Magendie, many physiologists still believe, that the fœtal blood commingles with the general mass of the mother's blood; it inoculates her system with the qualities of the fœtus; and that, as these qualities are in part derived by the fœtus from its male progenitor, the peculiar constitutional vices of the latter are thereby so engrafted on the system of the female, as to be communicable by her to any offspring she may subsequently have by other males. And as, moreover, the nature of Magendie's experiments appeared to Dr. Savory objectionable, he followed another method, which was crowned with affirmative results. His general plan was as follows: By opening the abdomen and uterus to expose and isolate a living fœtus; then to inject into it, with the least possible violence, some substance capable of ready absorption, and the operation of which is marked by obvious and unmistakable effects; great care being taken that no trace of the substance came into direct contact with the maternal tissues. The fœtus, thus injected, was placed in a condition most favorable for the continuance of the circulation, and symptoms of the operation of the poison upon the mother were carefully noted. The poison Dr. Savory selected was twenty-four grains of strychnia, dissolved in seven drachms of distilled water, by the addition of one drachm of acetic acid. The subjects of his experiments were dogs cats, and rabbits. Five experiments are reported, from which it seems that proof is no longer wanting, of the direct and rapid transmission of matter from the fœtus to the mother through the blood in the placenta.

2. *G. Schmidt.—Remarks on the origin and practical value of the so-called navel-string souffle* (*Scanzoni's Beiträge z. Geburtskunde, etc.*, B. 3. 1858).—The opinions of the different authors, who have paid attention to this interesting phenomenon, being divided as to its true seat and nature, Dr. Schmidt feels justified in the publication of five instances of navel-string souffle, perceived before the child was born, out of 500 obstetrical cases, all of which were thoroughly examined with the stethoscope.

*Case* 1.—The child was born in a state of asphyxia, and could not be revived. The post-mortem was performed by Prof. Virchow, who found a decided hypertrophy of the right ventricle of the heart, insufficiency of the valvula mitralis et tricuspidalis, and a disposition of several red gelatinous corpuscula on both valves.

*Case* 2.—When the head of the child was born, the navel-string was found twisted around the neck twice, and so strong, that the vessels of the neck were compressed, in consequence of which, the face had a cyanotic color. The child died after a few short inspirations.

*Case* 3.—The sounds of the fœtal heart were heard clear and distinctly, immediately before the rupture of the amnion. When the water had been discharged, a prolapsus of the umbilical cord was discovered, upon which the head of the child was pressing with considerable force. Auscultation applied at this moment, discovered not the former sound of the fœtal heart, but instead a souffle, which disappeared as soon as the prolapsed string was removed into the cavity of the womb.

*Case* 4.—The sounds of the fœtal heart were accompanied by a strong souffle. Still, when the child was born, the navel-string was not twisted round the neck; the child was healthy, and the sounds of his heart found in good order.

*Case* 5.—Instead of the first sound of the heart a souffle was detected by auscultation. When the head was born, the umbilical cord was found tightened around the neck. The child was asphyxiated, and it was half an hour before it could be declared out of danger.

From an analysis of these cases, Dr. Schmidt comes to the conclusion, that the so-called umbilical souffle may take its origin: *a*. From diseases of the fœtal heart. *b*. From circumvolution of the umbilical cord around the neck of the child. *c*. From other compressions of the navel-string depending upon the position of the child.

In regard to the practical value of the funic-souffle, Dr. Schmidt, is of opinion, that its presence, in most cases, indicates danger to the life of the child.

### II.—PREGNANCY, LABOR AND PUERPERAL STATE.

1. *Dr. Allen on dystocia, in consequence of perfect ossification of the fœtal head* (*New Orleans Medical News and Hospital Gazette*, 1857).—Among the causes which may prevent an easy confinement, the early ossification of the fœtal sutures is rarely met with. Still, at times, this incident alone is sufficient to demand the use of perforators for delivery. An instance of this kind is recorded by the author, where, after a series of strong pains for twelve hours, the head did not move onwards, though

there was no hindrance from any part of the pelvis. Neither a fontanelle nor a suture was to be recognized, and perforation was resorted to, which operation, however, was attended with a great many difficulties, because of the unusual density of the cranial bones. The delivery was at last effected with the aid of the forceps. The examination of the corpse showed that the head was in a condition similar to that found in grown persons, and the bones as hard as stone.

2. *Dr. Clay on an important form of intractable vomitus during the last months of pregnancy* (*The Midland Quarterly Journ.*, Oct., 1857.) —The different remedies usual against obstinate vomiting are very often without the least benefit, because its causes are only imperfectly known. Therefore, Dr. Clay calls the attention of the profession to one of its causes, which he had occasion to observe three times. This is an increased painfulness of the neck and mouth of the uterus, in consequence of inflammatory action. The slightest irritation of these parts, causes the most violent vomiting, which stops as soon as the irritation is removed. Therefore he recommends such a position of the patient, that the head of the fœtus is prevented from pressing upon the uterine neck, and, if necessary, the application of leeches for subduing the inflammation. This treatment proved perfectly successful in the three cases recorded.

3. *H. Bennet on hemorrhagia during the first months of pregnancy* (*Lancet*, Jan. 1858). The cause of bleeding in the first months of pregnancy, is very often the consequence of chronic inflammation and ulceration of the womb. Therefore, it is necessary to apply the speculum in causes of this nature. If on the contrary, the cervix uteri is found free from inflammation, and the bleeding goes on unconnected with uterine contractions, it is very probable that a mole or hydatids are present. Hemorrhages, if connected with chronic inflammation during pregnancy, have generally a good effect upon the diseased condition of the womb, in lessening the state of congestion. Dr. Bennet is of opinion, that in all cases of returning catamenia during pregnancy, the uterine orifice is the seat of inflammatory ulcerations, so that the bleeding cannot be properly called a menstrual one. Therefore, a woman who believes herself in the family way, notwithstanding the continuance of her courses, is very likely not so, if, after careful examination, the cervix is healthy.

3. *D. A. Pagenstecher on the lacerations of the vagina during labor* (*Wochenbl. d. Zeitschrift. der k. k. Gesellsch. der Aerzte zu Wien*, 1857, No. 46).—Dr. P. is of opinion, that the vagina is lacerated during parturition, in many instances; an accident which in most instances escapes

detection, while the wound unites of itself, during childbed. Three cases are reported, in which the perforations of the vagina were discovered by mere accident.

*Case* 1.—After an easy forceps operation, a rupture was found running across the anterior wall of the vagina, close by the neck of the uterus, through which several fingers could be introduced, and advanced up to the body of the womb. Four days afterwards, the edges of the wound were scarcely as large as a sixpenny piece, and were found perfectly healed after the first week.

*Case* 2.—After a forceps operation for contracted pelvis, Dr. P., when endeavoring to remove the afterbirth, detected a laceration of the vagina, close behind the cervix, through which the fingers could be introduced into the spatium Douglasii, where they touched portions of the intestinal tube. When the placenta had been taken away, the uterus was pulled down into a small pelvis, in order to bring the edges of the wound together. Not the least accident was observed after this injury, and all was healed up in a short time.

# The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS, DIGNITATEM ARTIS MEDICÆ TUERI.

Shorter Attendance at College.—Students who have received copies of the Annual Announcement of the Medical Faculty of the University of McGill College will have noticed that the academic study formerly required of them will in future be abbreviated. It having been resolved, that, instead of exacting attendance upon lectures during four winter sessions, three such periods should hereafter be allowed as sufficient for the completion of the necessary qualifications. The curriculum remains unaltered, the same courses, and in equal number, as heretofore, will be demanded; the only difference being in the length of time over which the student has the privilege of distributing them. The term of study also continues of similar duration with what it was before the present change, proof of four years devoted to the attainment of his profession, still being required from the candidate for graduation,—the real distinction being, that one of these need not necessarily be passed at College. The certificates to be adduced will be, that four years have transpired, or the fourth year is about ending, since the commencement of his medical studies; and that, during this time, three winter ses-

sions have been passed at this College or some other recognized University. Properly speaking, this alteration is no new arrangement, for the antecedent regulation which compelled an extra session's attendance was but of comparatively modern date, and, previous to its adoption, the rule was that which is now to be enforced; the practice is, therefore, but a return to the original one first carried out by the Faculty. They have had experience of both methods, and must be allowed to be the best judges of the propriety or not of the course pursued. In reverting to the old term, it is well known that under the plan that has been displaced the attendance during the years it was in force was large, as attested by the aggregate number of matriculants, indeed, upon the average, more progressive than before it came into vogue, or under the three-year scheme. The average attendance for the two past years has been 90, while the average for the five immediately preceding years is 63, exhibiting an augmentation in favor of the former to the extent of nearly 50 per cent. We are not prepared to state precisely what the relative attendance was before the last of these periods that have been specified, but we believe we are safe in saying it was not so great as the numbers above indicate; the figures have been quoted to establish the fact, that, under the four-year plan, the attendance was a progressively increasing one. The main feeling which probably actuated the decision under notice was a desire to assimilate the qualifications required for graduation with those demanded by other Universities elsewhere, and particularly in Canada. Representations were made to the Faculty that her Institution was the only one in the Province which required the extra year or fourth session of Collegiate study; and the desirability of having a unanimous rule on this important point, by her concurrence with general custom, could not be concealed. Had McGill College continued, in the face of such considerations as these, to maintain her additional session, making it strictly obligatory as she had done before, her conduct might have appeared in the eyes of strangers to have savored of a disposition to usurp supremacy in stringency over other Universities; but so far from being able to put this improper construction upon it, as appears by this last procedure, she, it must be confessed, is taking away the barriers which many, desirous of being honored by her degree, would otherwise have experienced; and so favoring, by every allowable act on her part, the passing of all who would enrol themselves with her graduates. The boon thus conferred is in strict keeping with another concession made by the same body, when she permitted the student to undergo his examination in two parts and upon separate occasions; both evidencing her earnestness to lessen, as far as legitimate, the difficulties in the way of

the medical student in his patient career through the initiation of his future profession. And we shall be disappointed if this last admission does not meet with as equal an approbation as the previous one has received, and become, like it, speedily popular. The rule of three years, it may be furthermore remarked, is of course not a necessary one, as far as limiting in an absolute and unalterable way the time of Collegiate study. While the student may, if he please, come up for examination when it expires, he may, on the other hand, wait as much longer afterwards without doing so as he desires,—improving himself with one or two, or as many more sessions as he prefers. We have been given to understand that the change will take effect from the ensuing session, and be of general applicability,—permitting all who then attend, that are competent, to participate in the favor which is offered.

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Annual Announcement of the Toronto School of Medicine.—The Toronto School of Medicine, in affiliation with the University of Toronto, opens the winter session with a large stock of able Lecturers, who have already given proof of their competency to discharge the onerous and responsible duties of experienced teachers of medicine. Students attending it have the benefit of the Toronto General Hospital and the Toronto Lying-in Hospital open to them upon the payment of a fee, which is $8 for six months in the case of the former, and $5 for the same period in that of the latter. Clinical Lectures will be given at the General Hospital during the winter by the Lecturers on Anatomy, Surgery, and Obstetrics. The requirements for the degree of M. D. are nearly the same as those at McGill College, with a few exceptions, as one course of six months Therapeutics and Pharmacology, instead of two courses on Materia Medica and Dietetics; two courses of six months on Physiology, instead of two courses on Institutes of Medicine; and a course of three months Practical Chemistry, not required at McGill College; and six months Clinical Lectures on Medicine and Surgery, instead of two courses three months of Clinical Medicine and the same of Clinical Surgery as at this University. To our mind, in all these points of difference the Toronto School is unquestionably wrong, excepting perhaps in the one relative to Practical Chemistry. For the degree of M. D. the chief requirement is the fact of having been an M. B. for the space of one year; a Thesis is now also exacted, which was not necessary in the instance of admission to the first degree. The fee for the courses is the same as at McGill College, except Anatomy, which is $16, Chemistry $5, and Medical Jurisprudence $6. The Medical Staff is composed of

the gentlemen whose names here follow, with those of their respective chairs :—Drs. Hodder, Obstetrics; Aikins, Surgery; H. H. Wright, Medicine; Richardson, Surgical Anatomy; Bethune, Descriptive Anatomy; Bovell, Institutes of Medicine; Barrett, Medical Jurisprudence; Ogden, Materia Medica; J. Workman, Psychological Medicine; and Rowell, Demonstrator of Anatomy. As auxiliaries are Professors Croft, Chemistry and Experimental Philosophy; and Hincks, Botany,—both at University College.

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Circulaire de l'Ecole de Médicine et de Chirurgie de Montreal. —We have received the circular of the above Incorporated School of Medicine, from which we learn that the approaching Session will be the sixteenth of its existence, and that it is at present in a flourishing condition. We agree perfectly with the School, in the sound advice given to its *élèves*, that is of great importance to themselves that they should attend lectures for three or four instead of two Sessions :—

" L'Ecole désire appeler l'attention des élèves sur les avantages certains qu'ily a pour eux de ne pas s'en tenir absolument aux exigences de la loi qui réclame deux sessions de cours; en commençant à suivre les cours dès la première année d'études, les élèves se forment bientôt à l'esprit l'observation, et au goût du travail, outre qu'ils profitent ainsi d'instructions médicales pendant quatre années consécutives sans plus de frais que lorsqu'ils commencent à suivre les cours à leur troisième et quatrième année."

Beside the Hotel-Dieu Hospital and Hospice Ste. Pelagie, as means of instruction, the School possesses

" Un Musée contenant un grande nombre de pièces pathologiques et de préparations anatomiques d'une grande valeur, et acquises à un prix élèvé, expressément pour l'usage des élèves de l'Ecole. La Bibliothèque contient quelques ouvrages d'un grand prix. Le Cabinet de matière médicale renferme une riche collection, parfaitement complète et bien classée."

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More Exchanges.—We have to acknowledge, since our last, the receipt of the following new exchanges :—

1. The *Savannah Journal of Medicine.* Edited by S. S. Sullivan, M.D. and Juriah Harrison, M.D., Professor of Physiology in Savannah Medical College. Associate Editor, R. D. Arnold, M.D., Professor of Theory and Practice of Medicine in Savannah Medical College. Bi-monthly; Savannah, Georgia.

This serial contains 71 pages of reading matter, and is particularly

interesting, as reflecting the state and progress of Southern Medicine. Its original table bears a goodly and numerous assortment of viands for the bookworm, which are all tempting in title, and merit a full discussion.

2. *New York Medical and Pathological Journal.* Edited by Wm. W. Hadley, M.D. Published for the New York and Brooklyn Medical and Pathological Society. Pp. 31—vol. 1—No. 1. One dollar a year. Monthly.

This undertaking has been embarked in the so-called "Medical Reform" cause, with which matter we have neither lot nor part. All our sympathies are with what the Editor calls "Old School Medication"; and we are too far on in the vale, having too much of the "old fogy" in us, to be trotting after the tom-fooleries that rise and fall about us.

3. *Nashville Monthly Record of Medical and Physical Science.* Edited by Danl. F. Wright, M.D., Professor of Physiology and Pathology, and Richd. O. Currey, M.D., Professor of Medical Chemistry and Medical Jurisprudence,—both of Shelby Medical College, Nashville, Tenn. Nashville, Tenn. Vol. 1—No. 1. Monthly. $2 per annum.

The Journal above expressed is a highly respectable one, and is published at a remarkably low rate,—64 pages of reading matter being furnished every month for the small sum before named. It is got up in excellent style, and forms a remarkably neat periodical. It is the product of fusion between the Memphis Medical Recorder, and the Southern Journal of Medical and Physical Science; "both of which Journals have, from unavoidable circumstances, for a brief period suspended their isssue."

5. *The Maine Medical and Surgical Reporter.* Conducted by W. R. Richardson, M. D., and R. W. Cummings, M. D., Proprietors. Published Monthly at $3, in advance; Portland, Maine.

The first number of this well conducted journal appeared in June last, and is in every respect creditable to the enterprising city in which it is published. It gives us great pleasure to copy the following highly complementary notice of Dr. Tewksbury, whom, judging from our personal knowledge of the worthy Dr., we are convinced, is fully deserving of the warmest enconiums that his friends can possibly bestow on him:—

"The beautiful and commodious building recently constructed by the United States Government near this city, for a Marine Hospital, is, we are pleased to, learn, about to be occupied under the supervision of Dr. Samuel H. Tewksbury. His appointment to the superintendance of that institution cannot fail of giving very general satisfaction. In the inauguration of a new Hospital, energy, enthusiasm, industry and business talents are as indispensably requisite as professional acquirements and knowledge. These, Dr. T. possesses in an unusal degree, and we know few medical gentlemen who have devoted themselves so thoroughly to

their profession as he has, or would make a better use of a position at the head of a hospital for the advancement of medical knowledge.

"This institution is intended, we understand, for the accommodation of all invalid seamen in the State; so that when fairly in operation its wards will be nearly filled. Maine furnishes a greater number of American sailors to our merchant marine than any other State in the Union, and a very large portion of the patients not foreigners, in the Marine Hospitals at Chelsea and New York, are natives of this State. These will in future seek treatment here whenever it is possible. That the establishment of such a hospital in Portland will have an important bearing on the progress of medical science among us, no one can doubt who is at all conversant with the facilities afforded in those institutions for carefully watching the effect of remedies, and controlling the circumstances which modify and influence medical and surgical treatment, and the opportunities there given for correcting or verifying diagnoses by post mortem examinations. Pathological anatomy as a science owes its existence to this latter fact. No man will better appreciate, or more earnestly improve these advantages than Dr. Tewksbury."

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Criminal Assault by a Dentist.—We copy from the "Montreal Herald" the following particulars relating to the trial of a well known dentist of Montreal, who has been found "guilty of an attempt to commit rape, with a recommendation to mercy," at the Criminal Term, now being held in this city. We forbear, for the present, making any remarks on the case:—

"Dr. John Horatio Webster was placed at the bar charged with having, on Wednesday last, the 22nd September, committed a criminal assault on Louisa Chandler, wife of Mr. James Nichols, of this city.

The complainant, Mrs. Louisa Nichols, was examined by Mr. Monk, Q.C.:—I am the wife of Jas. Nichols, and reside in Fortification Lane. On Wednesday last I went to the Surgery of Dr. Webster in Notre Dame Street; I wished to have the pattern of my mouth taken. I went to the surgery about half-past ten o'clock. Before I entered the surgery I remained for a time in the waiting-room. There were two ladies in the surgery when I first entered the waiting-room. The prisoner was called in to speak to me; I then gave him some gold leaf, which he was to use in operating on my teeth. At the same time, I asked him if he could look at my mouth then; he told me to wait a little, and he would be glad to examine it. I remained accordingly, but not more than five minutes elapsed till he again came into the waiting-room, to show the two ladies down stairs. A gentleman then came in. Dr. Webster then asked me to wait about half an hour longer, till he would operate upon this gentleman. I consented. After this, three ladies and a gentleman came in; they were friends of Mrs. Webster. Shortly after, the gentleman already mentioned, left the surgery. The Dr. told me to enter; in the

meantime he went into the waiting-room; the prisoner followed me in a few minutes. I stood close to the dental chair, and he examined my mouth. I asked him if he thought it necessary to remove a stump of an old tooth. He said he thought it would be well to take it out; the new teeth would do for life; the stump only cause irritation of the gum. I said if it were necessary to take it out it would be better to have no new teeth. He replied in the negative, and said I ought to take chloroform. He said also, that, under the use of chloroform, he could extract it in five minutes. In the operating chair Dr. Webster administered the chloroform. I did not consent immediately to inhale the chloroform. About five minutes elapsed from the time he proposed till I took the chloroform. During this interval I told him chloroform would make me sick. He replied that I had better take it; it would not influence me very long. This was all that was said. He applied the chloroform by means of a cloth. I took chloroform about four months before, and what he administered was the same substance. I did not become immediately insensible. It was about half-past ten o'clock when I went into the waiting-room; about a quarter to twelve when I entered the surgery. After taking the chloroform, the first thing I remember was his bringing the forceps to extract the tooth. I said to him, "Have you not taken it out yet?"—he said "No;" he then administered some more chloroform. I did not perceive how he administered the chloroform, but I felt myself inhaling it. I then became unconscious. At length I became partially conscious. I saw I was not in the chair, but on the sofa; the sofa was not very far from the chair. When I became conscious I saw that the prisoner was sitting along with me on the sofa. When I first became conscious, I felt the pressure of the prisoner's body; (the witness then went on to state to the Court—an improper interrogation he had directed to her—the indications by which she was aware that the prisoner had taken criminal liberties; ultimately she said she heard a bell ringing.) I then threw my limbs off the sofa, and said to the prisoner, "I wish you would send for my husband." I again became unconscious, and felt very sick at the stomach. The next circumstance that I recollect was that the prisoner was sitting beside me on the sofa, and had his hand in an improper position, and that he had placed mine in the same. I then asked him to get a cab to take me home. He said I would be unable to proceed. He then said he had got the wax hot to take an impression of my mouth, and that that was the time to take it. I said nothing. He then carried me from the sofa to the chair, but I was still partially unconscious. He brought the wax, and took the impression of my mouth. While doing this I had not quite recovered my consciousness. When he

had taken the impression of my mouth, the bell rang, or some one called, and then he left me. I sat still and vomited considerably; at length I got upon my feet; the prisoner opened the door communicating between the waiting-room and the surgery, and allowed me to pass out. He followed behind me coming down stairs. Passing through the waiting-room, I saw that there were three gentlemen there; on leaving, he told me he would have the teeth ready by Friday, if not, he would send me word. I then went home. All this occurred on Wednesday, the 22nd of this month. The second time I came to consciousness, I felt the weight of the prisoner on me. I feel confident of this fact. [Witness proceeded to detail her reasons for this assertion. They were unfit for publication.] She went on—I have no doubt at all that the prisoner was in this position; but at the same time I was not sufficiently conscious to perceive the state of my clothes. He did not extract the stump of my tooth; it is yet in my mouth. When he gave me the chloroform it was with the intention of drawing this stump. He assigned as a reason for not extracting the stump, that he had not gas enough in the chloroform. He administered the chloroform three times. I have already stated, that during the period of consciousness I was lying on the sofa, he sitting on the sofa beside me, and his hand on a certain part of my person. I have now stated all that I recollect. On arriving at my own house, I spoke to my husband. I told him that I would not again go to Dr. Webster's; because I thought that he was a nasty, dirty old fellow. When I perceived the prisoner in the condition I have already mentioned, I recollect pushing him with my hand as well as I could. When I went home I perceived my under-clothes were very wet. I became aware of this circumstance before I left the prisoner's office. I thought it was my own urine, and attributed it to the fact that I had been greatly pulled about. When I first took the chloroform I was sitting on the dental chair; when I became conscious I was on the sofa. I do not know how I was removed.

Cross-examined by Mr Devlin.

About four months ago I took chloroform. It was administered by the prisoner. I was then getting my mouth prepared for a new set of teeth. I took no chloroform before or since until this last occurrence. The first time I took it I was accompanied by my little daughter. My stomach then grew sick; but my clothes were not wet at that time. On Wednesday last, when the prisoner brought me into the surgery, he did not lock the door communicating between it and the waiting-room. The door might have been partially open. When I was in the waiting-room, Miss Webster was there; she was neither reading a book nor

playing the piano; she was talking to a friend. When I entered the dental chair, I took off my bonnet and shawl and placed them on the sofa. The prisoner told me to take them off. While I was disrobing he went to get the chloroform. At the time I went into the dental chair I heard no voices in the waiting-room. There is another door leading from the surgery into the laboratory or workshop; it was not wide open, but was partly open like the other. It was not then open enough to enable me to look into the workshop. I saw no young man in the workshop when I went into the surgery; but when I was prepared to come away I did. The person I then saw was talking to a little boy; the taller of the two was standing opposite the door at the far end of the workshop; the little boy on a bench, the tall young man was standing there talking, I suppose; I don't know what he was doing. I don't recollect if I spoke to the tall young man.

Rowland Webster, the young man alluded to was brought forward, and recognised by the witness. A boy was brought forward also, but she was not certain of his being the boy to whom she alluded.

Cross-examination continued: I might have heard the tall young man ask me if I were sufficiently strong to proceed home. I did not hear this young man call the prisoner from the waiting-room to see me before I left; but he might have done so. Before I left, the Dr. was called into the waiting room; I was in the dental chair at that time. I do not remember having asked the Dr. to give me chloroform. Both these doors were partly open when I sat down on the chair. I think what relieved me of the weight of his body was the ringing of the bell. At the time I was partially unconscious. I did not feel this pressure a second time; I did not feel the weight more than a second; he was then called away by the bell I think; the weight was instantaneous; I was unconscious from the time I entered the chair till I felt myself upon the sofa; at least I was partially so. I felt the prisoner's hand in an improper position upon my person, but I did not see it. I did not see my own hand in a similar position on his. The first thing I saw on opening my eyes was the prisoner adjusting his clothes. I felt but did not see him sitting on the sofa beside me. I swear that the person who sat beside me on the sofa was not the tall young man.

Mr. Devlin—By what means can you tell that?

Witness—Must I answer this question?

Mr. Devlin—Yes.

Witness—I can say without doubt it was not the young man; because I heard the Dr. speak, I heard him speak when he was addressing to me improper interrogations; but I think I said nothing except wishing

that my husband were there. With a great effort I was enabled to say as much as this. I made no effort to shout to any one in the next room. [The Witness gave this answer after much hesitation.] When I said to theo prisoner that I wished Mr. Nicols was there, I was lying on the sofa on my side. I did not open my eyes. I made an effort to get off the sofa, and threw my legs out; he had got off before this to answer to some one who called or rang for him. I did not then call for assistance. When the prisoner then left me, I neither saw the tall young man nor the boy. Passing out of the waiting-room, I did not tell the gentleman there that I had been abused. I spoke to no one in the house about what had happened. I made no promise to come back on Friday. I was carried back into the dental chair a second time, but I did not see the young man or boy. The sofa on which I was lying is within a few feet of the workshop door, but I never measured the distance. When I came home I told my husband that the prisoner was a dirty, nasty old fellow. This occurred on Wednesday. My husband wrote to the prisoner on the same night. On Saturday we laid the facts before Mr. Coursel. I had communicated with a lady friend of mine, Mrs. Laurie, about the abuse I received. I don't know why my husband and I did not immediately go before a court instead of waiting till Saturday. It was the Doctor, and not the young man who showed me down stairs. When I first visited Dr. Webster in April last this young man, Webster, was present watching the effect of the chloroform administered. I swear that I had no conversation on Wednesday last with the young man Rowland Webster. On the day in question the prisoner did not say that he was unwell. I was forty-one years of age last August. In the surgery of the defendant no one assisted me to dress. I reached home; I remained about the house all day. I had no friends at my house that evening. During the interval between Wednesday and Saturday my husband and I were talking about the abuse I received; we were talking of it all the time. I told some friends. When I took chloroform in April last, Dr. Webster told me that it caused me to cry and fight. I don't recollect if I were told that it produced any other peculiar effect. Last Wednesday, when talking these circumstances over with my husband, I had a perfect recollection of all that occurred. I did not fully remember everything till the next day, Thursday. I sent my under-dress to a Doctor for examination; the name of the medical man is Dr. Fenwick. The articles were a chemise and a cloth; the latter I wore for a certain object. I did not take it off in the surgery, but the prisoner managed to place his hand underneath the cloth, though it was wet and soiled, but not removed from the place where I myself put it. I have not heard what

is the result of the examination of the cloth. When sent to the Doctor it was not much soiled. When on the sofa, this cloth was tied on in the same position as I had placed it in the morning. I said that I believed the prisoner had effected his purpose, though this cloth was tied on. I told this to my husband.

Mr. Devlin.—Did you not swear that the cloth, when you got up off the sofa, was in the same place as when you lay down?

Witness—Of course it was; where else would it be?

Cross-examination continued—I believe he violated my person.

Mr. Devlin—How long did he take to effect his purpose?

Witness—I don't know.

Mr. Devlin—Did you not swear that the pressure was instantaneous.

Witness—Only at that time.

Court—You may go down.

James Nichols, husband of the last witness, examined by Mr. Monk, Q. C.—

Witness—My wife told me Dr. Webster was a villian. She explained to me the reason of this assertion, but not till about two o'clock in the morning; she then told me he had violated her person; she told me he was aided in his design by chloroform. I saw when she came in that she was labouring under great excitement. On Friday morning, having been made acquainted with the details, I laid the case before Mr. Rose.

Cross-examined by Mr. Devlin—When she came home I gave her some brandy and water to revive her; she eat a little rice-pudding afterwards.

Mr. Devlin—I now leave it to the court if it is necessary to go upon a defence. I think the Court will say there is no evidence to lay before the Jury on part of prosecution.

Mr. Monk—What has been brought out in the cross-examination is, I think, sufficient.

Court—Penetration has not been proved; and the Jury cannot go upon the belief of a woman while under the influence of chloroform. You will therefore, Mr. Devlin, take up the case as if it were one of attempt at assault; the question of rape must involve penetration or emission, but neither has been proved. So you need not address the Jury as if your client were indicted for capital felony; that has not been at all proved.

Mr. Tate, architect, examined by Mr. Devlin—in company with Mr. Brown I examined the rooms of Mr. Webster. It would require some amount of force to shut the door leading from the laboratory to the consulting-room; the lock was on that side of the door which was within the laboratory.

Mr. Monk objected to the evidence of descriptions.

Mr. Devlin said he wanted to prove by the plans of the apartment he then had in court that the door between these rooms was so situated that the person working in the laboratory could see from his bench what was taking place in the surgery.

(The plan of the apartments were sent up to the court.)

Court—Have you got the measurement of the rooms.

Witness—Yes. (The witness was here directed by the Court to take the plan of the apartments to the Jury, and explain their length and dimensions, etc., with the position of the doors, but not to say anything about the arrangement of the furniture.)

The witness complied.

Examination continued—If the door were partially opened, any one working in the laboratory, unless he turned his back, must see what is going on in the surgery; and hear also, as the place is so small.

By Mr. Monk—I examined the apartments yesterday. I don't think any of the furniture was removed.

Rowland Webster examined by Mr. Devlin.—I am a cousin of the prisoner's, and have been engaged with him learning his profession, since December last. In the month of April last I saw the prosecutrix in the surgery; she came to have teeth extracted. On Wednesday last, I saw her in the same place. I was melting gold that day; using a forge for the purpose. I saw the Dr. give her chloroform. He then made an attempt to extract the tooth. I saw her when she was taken from the chair and when she lay down on the sofa. This was after twelve. When she lay down the Dr. went into the parlour. There were some persons there; but I don't know who they were. From my place in the laboratory I could see the sofa. I had no conversation with her till she was about to go home. She asked me if I thought she were strong enough to go home. I then called the Dr. from the parlour. He told her she had better lie down again if she did not feel strong enough to go home. The Dr. went back to the parlour; she then put on her bonnet, and the Dr. came in again and told me to see her out. I swear I was the person who escorted her down stairs. From the time she came in till she left, I saw nothing occur to her. Since last December, the door between the laboratory and surgery was never closed; there is no lock nor key for it. There were people in the parlour when she came in and when she went out. There was a gentleman in the chair before she occupied it. From the time she came in till she left, I swear she was not insulted by the prisoner.

By Mr. Monk.—I am there every day. The door between the laboratory and surgery is always open. Mrs. Nichols came into the surgery about half-past eleven. That was the first time I saw her that day. There were some patients inside when she came. I do not know when she arrived. During the time Mrs. Nichols was in the surgery the door was about half open. I was in the laboratory all the time, for I had to keep the fire of the forge alive all day. I only left the laboratory when she prepared to go home, about half past one o'clock. I was melting gold in the forge during the time she was in the surgery. I began this labour at ten o'clock, and worked at it for about three hours; then I began to melt zinc till three o'clock. The choloform was administered

about ten minutes after she entered the dental chair. She then lay down upon the sofa for the remaining hour and forty minutes. I did not see her or watch her all the time she was on the sofa. When she walked from the chair to the sofa she was under the influence of chloroform.

Court—Is it customary to give chloroform in the presence of witnesses?

Witness—Sometimes.

Court—Did you see it administered?

Witness—Yes.

Court—What is the longest time you have found females remain under the influence of chloroform?

Witness—An hour.

Court—Where are they placed?

Witness—On the sofa.

Court—How do they get there? Does the prisoner carry them?

Witness—He leads them, or they walk themselves.

Court—Does he leave a patient to remain an hour under the influence of chloroform, without looking at the state in which they are?

Witness—I don't think he does, sir.

Court—Would he see them four times in the course of an hour?

Witness—Yes.

Court—How often did he visit Mrs. Nichols during the time she was under the influence of chloroform?

Witness—He did not visit her at all.

Court—Did you ever know any other female remain an hour and a half under the influence of chloroform and know the patient to be unattended?

Witness—No.

Court—Why was it done in this instance?

Witness—I don't know.

Court—You attend upon women who take chloroform to have teeth extracted?

Witness—Sometimes.

Court—You may go down.

Mr. Jas. Goodrich examined by Mr. Devlin—I once took my wife to the prisoner, and she inhaled chloroform to undergo an operation. During the remainder of the day she was under the strongest impression that she had been taken into a room and violated, and continued to hold the conviction, though I told her I was by her side all the time and had my finger on her pulse.

Mr. Monk—She thought she was violated?

Witness—Yes.

Mr. Monk—And whom did she accuse?

Witness—If the truth must be told she supposed it was Dr. Webster; and it was with great trouble that I disabused her mind of the idea. She was under the influence of chloroform for about ten minutes.

Dr. W. Nelson examined—I have known the defendant for 16 years. I was about the first in Montreal to use chloroform. It produces the most contrary effects in different individuals. I once operated on a woman who had a tumor. I got the loan of an apparatus to administer

ether; I received it from Dr. Webster. The patient took ether, and I removed a tumor of seven pounds weight. The woman for two days held the opinion, though many of her neighbors were witnesses of the operation, that I abused her. The witness related one or two other incidents to shew the peculiar effect of ether and chloroform. The Dr. then went on to state his high opinion of Dr. Webster; how he had recommended him as a dentist to some of the ladies of an hospital connected with the Seminary; and introduced him to his own patients in the city. He was thunder-struck when, on Sunday, he heard that Dr. Webster had been charged with such an offence, because he never knew or heard anything which could effect the character of that gentleman.

Dr. Jones was examined by Mr. Devlin to show the effects of chloroform. I have known ladies use language, when under the influence of chloroform, that they would blush to hear at any other time. They were most respectable ladies; the language was awful; where they got the language I don't know. [A laugh.]

Court—How do you account for this woman lying an hour and a half under the influence of chloroform.

Dr. Jones—To say the least of it, it was gross neglect. Medical men may leave a patient under the influence of chloroform, but then a nurse is placed beside them. A person may be as long under the influence of chloroform as this complainant, but it has not come to my knowledge.

Daniel Webster, a youth of about fourteen years of age, was examined by Mr. Devlin.—I am a week in Montreal to-day; I came to Dr Webster's to see my brother, Rowland. I don't know if the complainant was the woman I saw in Dr. Webster's surgery on the 22nd instant. I think it was she. About twelve o'clock she lay down on the sofa. About half-past one my brother went down stairs with her. My brother and I were in the work-shop all the time she was on the sofa. The woman called him in once and he went in. Afterwards she went down stairs with him.

James Nichols, the husband of the complainant, here came into the box and produced the letter which he sent to the prisoner on hearing of the conduct of the latter towards his wife. It was as follows:—

September 22.

"Dr. Webster—I was much pained and surprised at the account of your vile conduct towards my wife while she was unconscious and helpless under your professional care. I have no words to express my sense of such conduct, and will await a legal exposure. In the meantime you need not proceed with the teeth, as my wife will not again place herself in your power. James Nichols.

The following was the reply:—

"I am surprised to receive such a note from you. My reputation is too well established to be affected by anything. There is not the slightest foundation for such a complaint, as my laboratory was constantly open, with no less than three persons in it all the time, and as many more waiting in the room for their turn." The remainder of the letter was occupied with reference to $14 which the prisoner owed Mr. Nichols for gold leaf, and it went on to say that the writer expected better treatment from Mr. Nicholls. The letter bore no signature.

Justice Aylwin then charged the Jury, explaining carefully the case in regard to the offence the prisoner had to answer.—namely, attempt to commit rape, or assault. The learned Judge explained that the charge of rape had been discarded in an early part of the trial; and impressed upon the Jury, with much solicitude, that the question they had to decide was whether, taking the evidence of the prosecutrix in all its particulars —taking into consideration the position which the prisoner held and the risk to be run if, under his circumstances, he should endeavour to violate the persons of females; whether, looking at everything, he was really guilty of an attempt to commit rape or even an assault. His Honour, in conclusion, remarked on the singular conduct of the husband of the female, and observed that it was extraordinary he sat down to write a letter on the night of Wednesday, waited an answer by mail on Thursday, and took no steps till Friday; having invited the Jury to this and other facts, the learned Judge concluded by advising the Jury, if they entertained a doubt to give the benefit of it to the prisoner at the bar.

The Jury retired at six o'clock, and, after an absence of about three hours and a half, brought in a verdict of "Guilty of an attempt to commit rape, with a recommendation to mercy." The decision seemed to take the Court by surprise.

Mr. Devlin—Are the jury individually agreed?

One of the jury, Yes.

Mr. Devlin—Then to-morrow morning I will make a motion in arrest of judgment.

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## APPOINTMENTS.

Secretary's Office,
*Toronto, 2nd October*, 1858.

His Excellency the Governor General has been pleased to make the following appointments:

John Lizars Lizars, Esq., Associate Coroner for the United Counties of Huron and Bruce.

David Tucker, Esq., M.D., Associate Coroner for the County of Ontario.

Thomas Reynolds, Esq., M. D., to be an Associate Member of the Medical Board for Upper Canada.

Edward Von Cortland, Joseph Garvey and William Milliken, Esquires, Physicians and Surgeons, to be a Board of Examiners of Applicants for Militia Pensions for the County of Carleton.

License to John R. Flock, of Oakville, Esq., M. D., to enable him to practice Physic, Surgery and Midwifery in Upper Canda.

Bureau of Agriculture and Statistics,

His Excellency the Governor General has been pleased to grant Letters Patent of Inventions, for a period of *fourteen years*, from the date thereof, for the following persons, viz.:—

John Addison, of the City of Hamilton, County of Wentworth, Machinist, to "A Wooden Spring Mattrass for Beds."—Dated 13th July, 1858.

Alfred Marsh, of the Township of Windsor, County of Essex, Gas Engineer, for "An Improved Gas Generator."—Dated 26th July, 1858.

Hardy Gregory, Lithographer, and Robert W. S. Dunstan, Merchant, both of the City of Hamilton, County of Wentworth, for "A Cooling, Warming, Dust-Preventing, and Air-Distributing Ventilator."—Dated 26th July, 1858.

Joseph Wra, of the City of Montreal, Undertaker, for "A New Method of Constructingy Coffins to Prevent Infection."—Dated 21st August, 1858.

## MEDICAL NEWS.

According to the last United States census the following proportion of melancholy issues have succeeded marriages of consanguinity: Of 9,136 deaf and dumb, 1,116 or 12·8 per cent. were children of cousins; of 7,978 blind, 648 or 8·1 per cent.; of 14,257 idotic, 1,844 or 12·93 per cent.; of 14,972 insane, 299 or 1·9 per cent.—Half a century ago, bleeding was generally in fashion spring and fall; and surgeons were then never seen without a case of lancets and a red fillet. A fashionable phlebotomizing surgeon has been known to receive about $5000 a year for this operation alone.—A woman at Rovigo was lately delivered of five daughters at a birth, after a pregnancy of 7 months. One lived only 2 hours, and the others dropped off one by one in the course of 48 hours. Three of the latter are said to have had a full complement of front and back teeth.—Here is an Indian doctor's cure for "klensing the blude": take "1 tespoonful Quinine, handful of Red Owyser (Red Osier Bark), Epson Solce (Epsom Salts) tow teblespoonful."—Here is another for "Rhematiz in the I's": take "litele Wite Vitel (White Vitriol), Oupone (Opium) small pese; small pes Nitred Silver; smowl Pese of Borice (Borax). Pute all in to the te of Rede Owyser Bark; then Reduse ite with Chemberlie thate ite donte hurte But a litel."—Prof. Mott of New York has lately published a catalogue of his museum The collection is composed chiefly of parts removed from the living body during his numerous operations, and comprises more than 1000 specimens.—During the year ending 29th Sept., 1857, 423,421 persons were vaccinated by the public vaccinators in England and Wales.—Will of Sir Philip Crampton. The personalty in England was sworn under £7000. Among several other legacies, he leaves to his nephew, Josiah Smyley, amongst other things, his pocket-case of instruments, which he hopes may prove as useful to him as they were to himself.—Surgeons Home and Bradshaw of H. M. 90th Regt., who, when Havelock's column forced its way into Lucknow, rallied a few stragglers and defended the wounded who were left behind in a shed for 22 hours against an overwhelming force of Sepoys, have been rewarded with the Victoria Cross.—A verdict of $100.75 has been rendered in the Supreme Court of Boston against an apothecary for the alleged delivery of a quantity of belladonna instead of calmony, an herb employed by botanic practitioners.—Dr. S. W. Gross has become associated with his father, Dr. S. D. Gross, in the editorial department of the North American Medico-Chirurgical Review, vice Dr. T. G. Richardson, removed to New Orleans.—The latest pun our professional brethren across the border have been guilty of is this: Why are many of our American Colleges like Churches? Because they have their *organs*.—It is said an old lady in Boston, near her end, got a little vexed about a proposed change in her will; made up her mind not to die just then; ordered a coach; was driven 20 miles to the house of a relative, and lived four years longer.—A *new Sydenham Society of London* has been organized on the basis of the old society, which recently ceased to exist. Its intention is to embrace in its publications a much larger number of works, and those of more recent date, than the orginal.

THE

# MEDICAL CHRONICLE.

VOL. VI.] NOVEMBER, 1858. [No. 5.

## ORIGINAL COMMUNICATIONS.

ART. XII.—*Inversion of the Uterus.* By F. S. VERITY, M.D., Hemmingford.

The practice of midwifery is of such primary importance to the country practitioner, that on it depends, in a great measure, whether he will achieve an honorable reputation and the fair rewards of successful fortune, or be doomed to the bitter disappointments attendant on failure and ill-luck. In short, as a general rule, midwifery either "mars or makes" the country practitioner. Now, although he may leave the lecture-room and the hospitals thoroughly furnished for his work, and although he may have been a most diligent clinical student in obstetrics, yet there are cases, and difficult ones too, which have not come under his observation, and his knowledge of which is derived, solely, from lectures and books; and if, in his early career, he should have the ill-luck to meet with one of these formidable cases, which startle even the most experienced obstetricians, but which, fortunately, are of rare occurrence, he may, from want of success, and this from no fault of his own, have his reputation ruined and his prospects blasted. I have been led into this train of thought by a case which happened to myself, about ten years ago, and out of which I came with good luck and increased reputation: it was a case of "Inversion of the Uterus," the particulars of which I give below, and which may be interesting to any surgeon who is unfortunate enough to meet a similar case for the first time:—

Mrs. R. was about 40 years of age, and the mother of 9 children; her figure was squat and round, shewing a large roomy pelvis; the abdomen pendulous; her health strong and rugged. She was taken in labour with her 10th child, and, while walking up and down, a sudden pain expelled the child, which fell on the floor, and was not materially hurt. Not so,

however, the mother: the same pain which forced the fœtus from the uterus, "brought down," to use the words of the messenger who came for me, "the whole of her inside." I arrived at the scene of the accident about an hour afterwards. I found the woman laying on her back on a mattrass placed on the floor, deluged in blood. She was moaning and sighing, tossing her arms wildly about, and gasping for cold air. Her pulse could scarcely be felt at the wrist, and her countenance was blanched and ghastly. When the nurse turned down the bed-clothes I was stunned; I saw before me my first, and I devoutly hope my last, case of "Inversion of the Uterus." Occupying the space between her thighs and nearly reaching down to her knees, was a large red membranous-looking mass, from which blood was oozing, and at its lowest part (the fundus), almost disguised by clotted blood, was attached the placenta. I immediately administered a tumbler of spirit and water, cold, with tr. opii in it; applied warmth and friction to the extremities, and, without waiting, forthwith proceeded to reduce the uterine mass to its proper position. After cleansing it from the clotted blood, the question arose in my mind, shall I reduce without removing placenta or not? Fearful of increasing the hœmorrhage, I determined to reduce with the placenta attached. Recollecting the rules laid down in the books, I began the attempt, and an attempt it was only. As soon as I touched the uterus, it contracted and shrunk, and gave me the feeling as if I was holding a live eel in my hand. I tried two or three times gently, but firmly, to reduce it according to the usual directions; but I made not the least impression on it. The weight of the placenta bothered me greatly; for on attempting to return the part that had last protruded, it was constantly dragged out of my fingers by the weighty placenta. The rules were now useless to me. What was to be done, hœmorrhage still going on and the woman sinking? I determined to remove the placenta, and reduce the uterus by pressure on the fundus. I quickly detached the placenta, and was most agreeably surprised to find there was very little hœmorrhage; in fact after it was removed the mass shrunk in volume. I now placed my left hand and fore arm under the organ, and supporting it in a line with the proper axis, with my right hand half shut, I pressed the tips of my rounded fingers firmly against the fundus, and pushed it upwards until my fingers were arrested by the constricted os. I made firm, but cautious, pressure against it, and in about half a minute I felt it yield. I then boldly, but cautiously, carried my hand upward in the axis of the pelvis, and, when my wrist was passing the constricted os, the fundus suddenly shot from my hand, and the organ esumed its usual position. Retaining my hand within the uterus for a

short time, constriction took place, and the uterus returned to its proper state and condition. Of course I waited and watched. I gave her an opiate, and, at the end of 6 hours, left my patient safe for the present. The loss of blood had been frightful: I ordered broths and nourishment, and on leaving gave the strictest injunctions to maintatn the horizontal position. The next day she was very much improved, and in good spirits. I introduced the catheter twice in the 24 hours; kept her perfectly still; nourished her well with broths, &c., and forbade her on any account to rise in bed. On the third day, I was suddenly sent for, when I had the inexpressible mortification to find she had just died. It appears that her nurse did not think her clothes clean enough, so a change of night-dress was resolved on. She sat up in bed to make the requisite change. After complaining "of giddiness and singing in the head," she fell back on her pillow and expired.

REMARKS.

Let any one turn to his books and read the directions for the treatment of "Inversion," and he will be struck by their simplicity and terseness, and would little imagine that the author was describing one of the most formidable operations in midwifery, so very simple and easy seem the directions; and yet most of us have to trust to these directions as our guide in this fearful accident, and the reason is an obvious one,—this misfortune is of so rare occurrence, that a man may attend his two or three years' practice in the hospital, and the chances are very much against his seeing a case of inversion. His knowledge is thence derived from lectures and books only; he here lacks clinical experience; and if in his early career, he has the misfortune to meet this difficulty, he finds himself perplexed and in doubt at every stage of the operation; and as these cases are too often fatal, under the most advantageous treatment, he loses his patient, and his reputation and bread also. Now as to the operation itself in this case, I beg to offer a few sentences by way of explanation. It will be seen that I violated two rules of fundamental importance, and that I was (by good luck if you will) successful. 1st. I removed the placenta before the reduction, thereby exposing the woman's life to the danger of increased hœmorrhage. And 2ndly. My mode of re-introducing and re-inverting the uterus violated the golden rule of lecturers and books, "of first thrusting up the superior part of the uterus, and subsequently the most dependent position."

Now, my answer is this, that I tried both these rules fairly and in good faith, and that *in the hour of my need they failed me*, and that then, and then only, I abandoned them, and sought another mode of ac-

complishing my wishes. The fears entertained of increased hœmorrhage, by removal of placenta, in this case were unfounded; and the comparative ease with which the re-inversion was effected by pressure on the fundus, offers every inducement for an early trial after the failure of the usual routine practice. After the detachment of the placenta, the operation did not occupy three minutes until reduction and re-inversion took place. I lost more than a quarter of an hour in fruitless efforts to re-invert according to rules laid down; but should it ever be my fate to have a similar case (which Heaven avert!) I will instantly, and without any attempt at re-inversion, remove the placenta, and operate in the way I have been describing. I had previously seen the placentæ of several animals reduced by a similar plan, and with the most perfect ease and safety, which made me feel the more sanguine as to the result of my own case. The death of the patient is not to be considered in connexion with the operation. The rude disturbance of the cerebral circulation accounts sufficiently for that, and so thought the friends and acquaintances of my unfortunate patient; and as I said at the commencement of this article, I came out of my difficulty with increased reputation and good fortune; and so convinced am I of the superiority of this mode of operation over the routine plan, that I hesitate not in recommending it to country practitioners, when alone, and in their hour of need.

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ART. XIII.—*Tracheotomy in Croup.* By Alexander P. Reid, M.D., L.R.C.S.E., Francistown, Huron County, Canada West.

R. M., aged 4 years, was seized with a slight cold on the 17th Sept., 1858, which, not being of much importance, apparently was allowed to run on. He slept pretty well during the night, and was able to play about during the day. On the 24th, when I first saw him, the breathing was a little difficult, but presented no other marked symptom. He was ordered an emetic of ipecac, and a sinapism on each side of the chest, with an expectorant dose of vin. ipecac and antimony every two hours. On the 25th he was much relieved. The medicine was continued.

26*th.* The breathing had become more severe, pulse very fast, and there was evident pain on pressing over the larynx and trachea. The symptoms now more nearly resembled croup, but there was only a very slight cough. He was bled from the arm to the extent of 3 or 4 ounces, another emetic administered, and then a powder every two hours containing, hyd. chlor., gr. j.; pulv. ipecac, comp. gr. ¼; and a blister was applied over the larynx and trachea.

27*th.* The blister had filled two or three times, and the countenance

bore still more decided marks of deficient respiration. The powders were continued, with the addition of rubbing in ungt. hyd. mitius into the flexures of the knees, arms, and the axilla. At 12 noon he was getting much worse, and Dr. Hyndman was sent for. About 2 P. M., when we examined him in concert, I saw a very marked change for the worse, the breathing more difficult, the face of a leaden hue, and the patient struggling and tossing about very much.

The Dr. and I came to the very evident conclusion that death would rapidly supervene. unless quickly relieved ; and having explained to the parents the dangers of the operation,—to which they consented,—we immediately proceeded to open the trachea. The incision was commenced at the supra-sternal notch, and continued upwards for an inch and a half; then a very thick layer of fat was divided, and the thyroid gland exposed. It was found impossible to get into the trachea below the gland, and it was divided for more than half an inch in the median line, and the trachea exposed. The bleeding was pretty profuse from the divided gland and from one of the superior thyroid arteries, but by the application of cold it soon ceased ; and as the child could still breathe sufficiently by the natural passages to support life, I delayed much longer in opening it than would otherwise have been done.

The trachea was then held as firmly as possible with a hook during the violent struggles of the little patient, and an incision half an inch in length made from below upwards. A forceps similar to the dissecting forceps, but with rather more elasticity, was then introduced, and the blood removed. The child was placed on its side and inclining a little towards the face. Respiration now ceased by the natural passages, and there were several violent expectorations, which expelled quite an amount of a bloody mucus, a little mixed with air. By the aid of a dressing forceps I removed five or six shreds of lymph, one of them four inches long and tubular, another one an inch long, a perfect tube of the size of the trachea, and the membrane forming it very tough and organised, and of a very appreciable thickness. The others were of different lengths. The inside of the trachea was very red. Five or six minutes after the opening, spontaneous respiration ceased, and life was kept up by cold affusions on the forehead and chest, alternated with warm applications to those parts, and also by alternate depression of the ribs and abdomen. In half an hour natural respiration began, very slowly at first, and rapidly improved in strength, and the venous hue of the countenance for the first time disappeared, but which returned again in a short time, as respiration again diminished. By continuance of the former plan it was again restored, the heat of the surface kept up, and it was removed

to a warmer place, so that the air might be of the proper temperature. The bloody mucus still continued to run out of the opening, and ample directions being given to the attendants to secure a pervious passage, I left for a short time.

After the cold affusion was stopped, the child fell into a tranquil sleep. The respiration was peculiar. It would breathe normally for fifteen or twenty seconds, and then it would be arrested for about four seconds, when again it would commence, and so on. I called four or five times, and everything was doing well.

10 P. M. Seven hours after the operation I adjusted the forceps, properly, having found that a tube would not answer, and left the child in a very favorable condition. It had taken some arrowroot and milk without much difficulty, as also some water. At 12 P. M., two hours afterwards, the child died suddenly before I could be called, arising no doubt from a plug of mucus or false membrane interrupting respiration.

I shall make but few remarks on this case, as I have so fully detailed it, and will let the reader judge of the circumstances as he thinks fit. It was no doubt a case of croup in the worst form; and I think in a similar case I might again be tempted to perform the same operation, not only on account of the great amount of cessation from pain, but for the chance given for ultimate recovery.

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## REVIEWS.

ART. XI.—*Mind and Matter; or, Physiological Inquiries*: In a series of essays intended to illustrate the mutual relations of the physical organization and the mental faculties. By Sir Benjamin Brodie, Bart., D.C.L., Vice-President of the Royal Society, with additional notes by an American Editor. New York: Samuel S. & William Wood. Montreal: B. Dawson & Son. Quebec: Middleton & Dawson. 1858. Pp. 279.

"The Book of Nature" is a reference that has become of common mention. Vast are the lessons it has already taught, and vaster still it may be opined are those which her pages have hidden from the learner. It is a volume free to the inquiry of every mind, and, however sublime or inferior, profound or patent, the subject under contemplation may be, an appeal to her rich stores of information is equally warranted, and, though failure may conclude the prosecution, when the prospective had otherwise embellished it, the fault lies not with the truth investigated, but in the mode by which its interpretation or comprehension has been at-

tempted. Its oldest lessons are sometimes, therefore, the last that are acquired, and the theme which escapes the grasp of a multitude, may suddenly illuminate the light of a solitary witness. Let it not, then, be considered a marvel, if, in adopting a different mode to the one frequently observed in studying man's construction, a dissimilar conclusion be arrived at. The ordinary statements on this important subject are founded upon the abstractions of mental philosophers. These declare that man is a compound of mind and matter. Against a conception so strict and exclusive, many difficulties present themselves in formidable array. It is asked to define these words. What is mind? What is matter? And no answer that professes to be explanatory can be framed, without involving, more or less, contradiction, heaping up some, if not much, confusion, and, when it is told, leaving unsolved the question originally propounded. To say that man is only mind and matter, is to leave out of sight the simplest fact of existence, to exclude life, the vivifying principle upon which all sensitive manifestations of corporeal actions depend. Life is evidently something that is neither one nor the other. Matter is an inanimate substance; even when created into an organic form and into textural conformations, it has no power in nor of itself to entitle it to any other rank than among things that are dead. Mind is merely an evidence of life, but is not life itself, for it is found as a mark only in the higher order of intelligences, and even in these it may be unmanifested from disease or other interference while vitality, in the full sense of the term, is enjoyed. Neither can mind nor matter be chosen as the prerogatives of man. The latter he enjoys in common with all the visible creation; in this possession the humblest leaf that skirts his walk is his equal, both own a common mother, of her clay they are built, and to her—the earth—they shall return, "all flesh is as grass." No more can the former be called his own; as many disputants may not rise to divide the claim with him as in the antecedent possession; but still he is not left alone. In the competition, however, the advantage is with him, and he stands forth characterized by super-excellence in a scale of comparative progression. Accordingly some observers have entertained the opinion that

"The minds of the inferior animals are essentially of the same nature with that of the human race; and that of those various and ever-changing conditions of it, which we term the mental faculties, there are none of which we may not discover traces more or less distinct in other creatures." Page 178.

An acquiescence in these propositions leaves the question of man's constitution unanswered. Man is evidently more than a first-class animal. It is true as far as the somatic elements of which his frame is constructed,—as far as the peerless skill of the Great Artificer is displayed in the dis-

position of these into exquisitely beautiful organs,—and as far as Benificent Wisdom, "for human reach too high," is manifested in admirable purposes of design, by the complete adaptation of the most perfect means to the best ends,—as far as these are intelligible to us, the brute is as perfect a spectacle of organization as man. While furthermore, both enjoy many joint characters, and exhibit many impulses as well as tastes that seem identical. But to limit the mind to these, is, we conceive, to leave unexamined the chief and grand distinguishing attainment which man pre eminently enjoys, and in which mere animals have no participation. We can only agree with the opinion expressed in the above quotation, by rendering the subject under a definition too circumscribed and altogether discordant from what we believe to be the truth.

If mind be the display of attention, intelligence, memory, and other sensorial efforts of a like grade;—if it be also the inclusion with these of certain instincts of a social order, such as for food, protection, gregariousness, and the like, then no objection can be held to the parity which is claimed. But if, on the contrary, mind expresses something very much higher than these, then we shall search for its exhibition in vain in any other of the denizens of earth than man. Among them which, but him, has a moral sense, a seat of consciousness, a perception of accountability? which of them, but him, may receive the highest of gifts, the ability "to glorify God and enjoy him for ever?"

In the consideration of this theme the voice of conscience must not be silenced, nor set aside by the doubts or ignorances which follow attention to mere mental phenomena. It is conscience arouses man. Her call is one rather of reference than of exposition. She exposes the darkness of the understanding, upon which illumination may descend in all its fulness. She refers the searcher after truth to the only source where it may be found unstained by imperfection or unsullied by error, and wherein, by gracious revelation from on high, he may learn who he is and what is his destiny. "Thy word is a lamp unto my feet and a light unto my path."

The portion which man possesses in common with the beasts that perish, is called in Greek *psyche*, and the endowment which he has and they have not, is styled in the same tongue *pneuma*, and where this differential demarcation is not observed—as in the volume lately issued by Sir B. Brodie—perplexity must attend and falsity must pervade the descriptions that are ventured forth.

The *pneuma* is understood by the Latin *animus*, and by our words *spirit* and *rational soul*. It is also properly rendered the *mind*. It is the immortal part of man,—the cause of reason,—the seat of conscious-

ness,—the source of personal identification. It is man's higher nature. It was that which, before man's fall, was formed in the image of its Almighty maker, a partaker of the Divine nature, and fitted to hold communion with the lofty dwellers in the pure realms of celestial happiness. Thence pertain our free-will agencies,—our responsibility to a Supreme Sovereign,—our conception of right and wrong, good and evil, —our religious sentiments,—our higher intellectual pursuits of education and cultivation.

The *psyche* is the *anima* of the Romans, and is translated into English by the appellation of the *soul* without further qualification, or to distinguish it more precisely as the *animal soul;* but when spirit is employed to denote the rational soul, then the simple untutored word *soul* implies the *psyche*, and is used correctly as its true meaning. It is the individual cause of animal life, and the propagator of the instincts. Intimately and inseparably dependant upon it are the desires,—the affections,—and the appetites. As these also are signs of vital endowment, it may rightly be considered an exponent of life. And it has been thought to have in itself such a connexion with life, as to be entertained under the denomination of the vital principle. Properly it is no more than the representative of animal life. It has, however, been unreservedly translated by the word *life*.

From these considerations, it is to be deduced that man is not a compound of mind and matter; but of body, soul, and spirit. Nor is this statement a mere matter of opinion. It is an express revelation. In the parting prayer of one of the Apostles, the solicitation is that his friends may be preserved blameless in their "whole spirit and soul and body." Again the separation is preserved in the following passage:—"To the dividing asunder of soul and spirit, and of the joints and marrow"—where the separation is enforced by two well-known dissimilarities. The difference is most interestingly disclosed to us in reference to our Saviour's death. Into his Father's hands he commended His spirit, and His soul descended into hell. In the Greek Testament this sense is as strictly preserved by the words, respectively, *pneuma* and *psyche*.

Popular ideas and conventional usages have not apprehended the distinction between these words, and to many minds they represent no other value than that of synonymes, so that they have come to be used promiscuously and indifferently the one for the other. Nor has it been recognised that while the term soul may, undistinguished, include spirit; the latter word cannot be extended to the meaning of the former, when this expresses the animal soul alone.

Though profoundly ignorant of the mode of subsistence in this triple incorporation, we are not without some useful lessons in the book of nature, which tend to illustrate the necessary dependence there is of each upon the other to constitute the breathing man. And the instance we select from this great open work,—from acquaintance with which the reader may come away largely improved in first principles, and deeply indoctrinated in the study of analogies,—we do not wish to be strained in its application. It is not offered as a type of the different portions of man,—as each component of its subject standing as a faithful image of each of our own integrants; for this it is not: but it is adduced to show simply, by plain example, how the mutual dependance of parts is essential to the existence of the entire structure. And this much, we venture to assert, is taught by a field of waving corn. The sown soil depends as much upon the heat which warms its body, and the moisture that insinuates between its molecules, as upon the seed that lies buried within its bosom;—if these be not furnished, no increase will be yielded, and abstract but one, the remainder will prove inadequate to development. The seed is vitalized—it has life—life that is dormant or waiting to be awakened; but it will never pass beyond its present phase, unless concurrent forces of soil, of heat, and of moisture combine to make it ascend in the scale of organization. And the plant which emanates from it bears testimony to the union—it is not a formation of the multiplied particles of the germ, and the re-arrangement of these into separate divisions; but it stands forth for admiration as a complex body—the forces, varied though they were, have each contributed a share to its aggregation, and remain permanently incorporated in its constitution, as essentials, as indispensable to the maintenance as they were to the origin of existence. The plant is not made up of the vegetable matter only found in the seed, this is its least part; but it also contains the soil which has afforded parts to its erection, and it has also heat and moisture, without which it were unfruitful or simply inanimate. And just as these components are indispensable to the manifestation of the whole, so with the perfect man, he depends upon the mutual association or unbroken bond of body, of spirit, and of soul.

The intimacy subsisting between the three entities in man during life, is strongly pourtrayed in the relative bearing which each one exercises upon the other. According to the foregoing, six distinct influences should be recognized:—1. The body impressible by the soul. 2. The body impressible by the spirit. 3. The soul impressible by the body. 4. The soul impressible by the spirit. 5. The spirit impressible by the body. 6. The spirit impressible by the soul. Engaging as the task is,

we feel that the present article would be enlarged to an undue length, were these severally to be discussed. We shall, therefore, close with pointing out an example, under each head, of the kind of proof that might be adduced in demonstratiou of the proposition there put forth.

The first is well seen in the physical changes that ensue upon the undue withholding of food. As hunger—which it will be remembered is a demand of the psyche—increases, because unsatisfied, the vigor droops, and, soon after, material changes, indicative of emaciation, set in. The atrophy proceeds to an extent just proportionate to the quantity of nutriment that has been left unused; and as starvation grows more dominant, disease, depending on corporeal causes, usurps the reign, and health is sacrificed to an unsatisfied wanting of the soul. Absorption of tissues becomes more rapid, the fatty first disappear, and next the albuminous. There is no assimilation; for the supply, which the crying appetite seeks, is not available, because not furnished, and, eventually, the decomposition of the general body, which has been growing more and more rampant in its unbalanced supremacy, ends in putrefaction. Typhus precedes death. And the body has been most effectually reached through the soul by gradual decay and final extinction, because of a craving instinct.

The second also admits of easy demonstration. Disturbance of spirit cannot endure without quickly involving well-marked bodily disorder; and it is satisfactory to know that this consists in a train of occurrences that are very regular and constant in their sequence. Prolonged exertions of a mental kind, in persons of feeble powers, soon undermine the general health. The unhappy results that attend over-straining of the intellectual energies in children exhibiting precocity of ability are frequent sources of regret. The excitement, which the educational exercises call forth, impairs the nervous energy; an irregular distribution of it succeeds; the concentration which goads onward the over-working brain detracts from the amount necessary for the incitement of the digestive functions to their regular play; chymification is rendered imperfect, ill-assorted matters descend into the duodenum, or stay behind to become yet more depraved in the stomach, chyle poor in quality travels onwards to become blood; sanguification is impaired; nutrition is impeded; and attenuation of the various organs necessarily proceeds. The morbid chain now reaches back to the starting link; the brain is insufficiently supplied with blood, nervous power grows enfeebled; and in unison, the spirit is observed to evince unquestionable marks of the disorder, the power of following out intellectual tasks is greatly reduced, the force of the will seems broken, the attention yields, memory falters,

perceptions weaken, and ratiocinations grow more difficult. Nervousness, hysteria, illusions, melancholy, and a variety of functional derangements may follow, for which an autopsy does not necessarily disclose an outward cause to explain the mystery. Life continuing, the disorder proceeds, and the body in various parts becomes the seat of local irritations signified by characteristic symptoms of the particular diseases they comprise. This is but one of many examples to shew how the body is impressible through the spirit. To others, perhaps even more familiar, we cannot avoid a parting allusion, viz. the suffusion of the countenance in blushing,—the shrunken features and pale goose-skin produced by alarm,—the shedding of tears from sorrow,—the short and quickened breathing of expectation,—the lighting up of the countenance with joy, and so forth.

Thirdly. The senses and passions are altogether dependant upon the condition of the organ where they are exemplified, the nerve leading from it, and the part of the brain in which it terminates. When any of these are abnormal, the special manifestation of the *psyche* is deranged or impaired, or perverted or annulled. Without this apparatus in our present state of existence, there would be no sensations. Sight, for instance, is not ensured to a person because of the possession of a soul; for altogether irrespectively of this part of animal organization the faculty may not be enjoyed, from the machinery through which it works being in so damaged a state as to produce no responsive function. Blindness may happen from the most various causes proceeding from the most dissimilar parts. A clouded cornea, an opaque lens, a glaucomatous eye, the presence of foreign bodies as fibrinous exudation from the iris, or an heterologous formation, may each, without involving the medium of conduction or reaching the organ of cognizance, impress the soul by depriving it of one of the marks or prerogatives significant of its presence. Or again; the humors of the globe may be transparent and otherwise unaltered, but the filaments expanded to receive the impressions of the rays of light may be congested or softened or hardened or transformed, and then also vision will be deranged, it may be in part, or wholly occluded. Once more: the fault may not lie in the reception surface; another part of the body may be diseased—the nerve which departs from this mirror—and then also the soul may be impressed. It may, in truth, be variously defrauded; it may appear as the subject of strange illusions of sight; objects may seem too big or too small, distorted or inverted, partial or divided, surrounded or not with muscæ volitantes, bright luminous clouds or murky mists, and so on; or, instead, there may be amaurosis. Furthermore, the eye, retina, and optic nerve may all be right,

but the material lesion lies within the skull, and still the same issue attends, and one more proof is added to the propriety of the original statement that called forth this elucidation And lastly,—none of these structural causes may be in operation, the ophthalmic apparatus may be perfect in its totality, and yet the same deprivation or illusions of vision follow because of sympathetic disturbance of the psyche in that part, in consequence of bodily disorder in some remote organ of the body, as the stomach; or as the effect of somatic weakness arising from poverty of blood, so numerous are the material channels by which the soul is impressible.

Fourthly. Whatever may be the nature of insanity, it is an indisputable fact that cases of this melancholy character present outward features which are referrible to both spirit and soul; so that the usual manifestations by which we judge of the parts in health are perverted and distorted. The predominant symptoms are connected with a disorder in the indications of the higher element, and appear of such special importance, as to be considered the appreciable essence of the malady. They do not, however, persist without also involving a preternatural state of the inferior element of the human constitution. Two well-marked sets of signs are accordingly readily discernible in general mania or in the general intellectual form of acute severity. In one set there is high exaltation of the mental faculties, a marked unsoundness of intellect, reason is destroyed, conlusions are based upon false premises; delusions seize the imagination; ideas are short, rapid, and irrelevant; individuality or former consciousness is lost, and memory is a blank. The will is also deranged, and sudden unaccountable impulses take up the reins of government. The religious sentiment is heightened or lost, and extreme fanaticism or the vilest profanity may be exhibited. The moral feelings are also unhinged, sometimes by excessive development of a single trait, at others by a complete or radical subversion. A proclivity is commonly manifested to horrid swearing or lying or thieving, or commission of still more fearful crime. In the second set—sooner or later entailed upon the former—the properties that mark the possession of the psyche become equally abnormal. The passions are violent, excited and wild; the instincts are changed; the nearest of kin are likely to be the most hated; extreme suspiciousness and selfishness prevail;—and some single evidence, as of vicious indulgence, if it can be gratified, appears. One of the most remarkable alterations is probably that connected with sensation. Common sensibility is so blunted or deadened that ordinary sources of perception fail to make their usual degree of impression. Cold is endured with astonishing resistance; and the like is also seen in regard to the special senses; the length

of time that food and sleep can be done without are notorious,—as well as the impunity or tolerance with which the person beholds bright lights, and hears intense sounds, without suffering or evincing distraction. These two sets, then, display: 1. Strong psychical excitement. And 2. Perturbation of the appetites, passions, senses, &c. In other words, they are the symptoms of unhealthy manifestation of the natural evidences of the spirit and soul, by which these parts are appreciable. And it being granted that the origin has been as above assumed, it is not too much to refer the whole as a confirmation of the possibility of the soul being impressible by the spirit.

Fifthly. The following extract from a work, by Mr. Newnham, on the "Reciprocal Influences of Body and Mind," appear pertinent to the subject of the fifth proposition. They set forth the influence of physical maladies upon the conscience, which we select as one of the pointers of the spirit, since, by example, it shews the impressibility of the latter part:—

"Conscience is a faculty which the minor disturbances of the body very frequently pervert, by producing a degree of fearfulness and hesitatiou, which render man uncertain in his opinions, changeful in his judgment, and vacillating in action; he becomes doubtful upon trifles; he magnifies their importance; he wishes to do right, but cannot discover what is right; when he thinks he has attained to a just judgment, he is turned aside by some veriest straw in the scale of moral action; he becomes the slave of superstitious observances; he is always desirous of propitiatiug the good will of his neighbours and deprecating the wrath of the Almighty; yet he seeks to accomplish this object, not by the firmness and fearlessness of right, but by seeking to please others. The frequent failure thus produceed, will occasion remorse, and this again will give rise to a very unfavorable and depressing influenee upon the powers of life."

This extraordinary impressibility is a fact which requires to be well understood by medical men, and, when rightly recognized, will suggest the true course of treatment to be pursued for the sufferer's cure. For such cases, the relief of an irritable splanchnic nerve or of a too active cerebral circulation, may at once serve to reproduce the outward manifestations of the spirit in accustomed health, and the invalid will rejoice in the recovery of his former conceptions and feelings of mind.

The sixth axiom may be illustrated by adducing instances of the profligate indulgence of the soul's desires, and shewing that such a reckless course is certain to entail in its wreck the pollution and decay of the spirit. The baser appetite abused, the utter ruin of man's nobler nature is inevitable. A well-known proof is that of the drunkard; and what is the sad revelation that his history discloses? It tells with awful warning that by intemperance the most powerful mind becomes enfeebled; the

judgment, the memory, the imagination, the perception, all that marks the intellectual character, gradually fades away; the longer the vice the nearer does it lead to imbecility. The will grows perverted and depressed, and, finally, altogether extinct; the man is then the slave of his appetite, and alcohol rules over him. The moral emotions are woefully ruined; the gentler feelings that adorn life and give domestic bliss to those most loved, are exchanged for caprice, for irritability of temper, and for callousness of heart. The animal passions and desires are excited and intensified,—they next rise in ascendency, and, ere long, reign paramount in unnatural excess. The habitual use of intoxicating liquors tends to inflame all that is depraved and earthly: and to extinguish all that is spiritual and holy; and, as Mohammed wisely said, "it is the mother of all sins." The end is not yet: the victim of intoxication may, through it, be instigated to the commission of crimes, from which the mind shrinks back with horror. The consuming soul may, and commonly does, light up anguish and torment of the most frightful kind, in both the body and spirit of the miserable sensualist, while he yet lingers in his probationary sphere; and when this last closes upon him, where is his meetness for communion with all that is clean and undefiled. "No drunkard shall inherit the kingdom of Heaven."

The simple conclusion which follows from a persuasion of the intimate relationship that subsists between the component parts of man, should be a moral to teach him how much depends upon himself—ruin the one you ruin the other; and a directory whereby to preserve the absolute necessities for mortal happiness,—"*mens sana in corpore sano.*"

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ART. XII.—*Plates illustrative of Wilson on Diseases of the Skin.* Fourth Edition. Philadelphia: Blanchard & Lea. Montreal: B. Dawson & Son. Quebec: Middleton.

There is no doubt that pictured representations of the different appearances which the skin presents in various skin diseases, are great aids to the formation of a correct diagnosis. From cases that have repeatedly come beneath our notice, we feel assured that there is no class of diseases of which less is known by practitioners generally, than that of skin affections. This is to be attributed, in a great measure, to the absence of a good and reliable book of plates from the libraries of persons in active practice. To those who are in need of such a work we can fully recommend the volume of Plates now before us; for Messrs. Blanchard & Lea have apparently done their utmost to present the profession with a number of plates illustrative of Diseases of the Skin and the eruptions of Syphilis, executed in the highest style of art, remarkably faithful to nature, and exceedingly cheap.

## CLINICAL LECTURE.

(*Dublin Hospital Gazette.*)

*The After-Consequences of Amputation.* By JOHN HAMILTON, Surgeon to Richmond Hospital.

The first and most pressing danger after amputation is hæmorrhage. It may arise from half an hour after the operation to any number of hours or days, till union in the stump is effected. It is this that makes the surgeon careful to have his patient watched by an assistant always at hand. I cannot forget the anxious hours I have spent, when, a student like yourselves, I have been left to watch a stump after amputation. The suspended terror with which I have raised the sheet, from time to time, to see if blood was trickling down, or whether the bloody oozing, which always flows from the lips of a stump, was hæmorrhage or not. If the bleeding is only trifling, I would not have you interfere; compression on the face of the stump and the application of cold is often sufficient to check an inconsiderable bleeding, which your opening the stump would only tend to render a considerable one; but should the blood flow freely, the stump be swollen, and clots appear between the spaces of the sticking-plaster, you must open it forthwith, and search for the bleeding vessel. Before, however, the dressings are removed, firm pressure should be applied over the femoral artery, by a steady assistant. This is much better than the tourniquet; it causes the veins to become turgid and add to the bleeding, which sometimes even comes from the femoral vein itself. When you have no one to help you, there is no choice but to apply the tourniquet. Then carefully clean the face of the wound of the clots which you will nearly always see covering it. The blood will now be found to come in three ways:—first, in a general oozing from the stump. In this case, if there are one or two spots whence the blood flows with more rapidity, you may take up the vessels; but, in this general bleeding, it is best to cover the part with shreddy lint, and press steadily with your fingers on it for some time. The bleeding will usually stop, or at least that bleeding which comes from small branches, temporarily increased and excited by the inflammatory action which has begun in the end of the amputated limb. Those of larger size will then be more readily found and secured. Then put together the sides of the wounds with sticking-plaster, or compress and bandage, giving up all hope of union by the first intention. This was the kind of bleeding in the man in the house.

Two or three years since I amputated the arm of a man into whose elbow an abscess had opened. A few hours after the operation I was

sent for by the resident pupil, in consequence of hæmorrhage. I found two intelligent young men hard at work tying vessels; but in vain had they tied six or seven; numerous others were pouring forth the red fluid, the loss of which was begining to tell against the patient, an old man. I saw at once that it would be hopeless to attempt to stop the hæmorrhage by tying the numerous small vessels that were bleeding, but, with small fuzzy bits of lint, applied closely over the bleeding surface, I perfectly succeeded.

A more serious hæmorrhage, though happily very rare, is from the femoral artery itself. This may occur early, from the slipping off of the ligature, from its not having been tied sufficiently tight:—or at a later period, when the ligature has been drawn off, but no proper clot or union exists at the end of the vessel. I may mention a case in my own practice, from the first cause.

I removed the leg above the knee from a man aged 45, in consequence of a carcinomatous ulcer. When I dressed the stump on the fourth day, half had united; the other half was painful, and discharged a good deal of shreddy matter. On the evening of the fifth day, he found himself bleeding. The resident pupil was unfortunately not at his post—he had gone to sup in college; the other resident, not being on duty, was out also, and before a gentleman came from the Whitworth Hospital, the man had bled profusely for ten minutes; and, though it was then stopped by pressure on the femoral, he never rallid, and when I arrived he was just dead. The resident pupil, otherwise an estimable young man, never forgave himself for this occurrence.

The third kind of hæmorrhage is from the femoral vein, and is sometimes very profuse. At the time of the operation there is occasionally troublesome bleeding from the femoral vein, which ceases on the slackening of the tourniquet and removal of the tourniquet bandage; or is readily restrained by putting a small compress of lint over the cut end of the vein. Most surgeons dislike applying a ligature round a vein, but if the other means fail this must be done. I removed the leg of a young man below the knee, for disease of the tarsus and ankle joint. On the twentieth day after the operation, when all the ligatures had come away for several days, he was seized in the middle of the night with violent hæmorrhage, not *per saltum*, but in a free flow, and of a dark colour. Pressure on the femoral artery did not stop it. All the stump had united except a small portion in the ham, which went like a large fistula high up, and from which the hæmorrhage came. Pressure over this part with lint saturated in a strong solution of alum and in turpentine, topped the hæmorrhage, which, however, returned again and again, but was

finally completely arrested by laying open the unhealed cavity from whence the hœmorrhage came, and laying the compresses over an ulcer in the popliteal vein, from which the blood was seen to flow.

The cut surface in amputation is almost always large; and in sudden accidents, in muscular men, or in fat women, the wound you have made, particularly in the thigh, is very extensive indeed. Sometimes the whole, except where the ligatures are, will unite by the first intention; this, however, you can expect to happen but seldom;—generally, the external or tegumentary lip unites, while the inside is still ununited, and discharges pus, which you should carefully and gently express.

The smaller ligatures come away about the tenth day; the ligatures on the larger arteries, as the femoral, humeral, or posterior tibial, after the fourteenth, or longer; I have known even a month elapse before the last ligature came away. You should at each dressing, after the eighth day, pull gently at the ligatures; some of those on the smaller muscular arteries come readily away; but I use the word *gently* emphatically, because I witnessed a rough tug a ligature once bring on a very alarming hæmorrhage.

If the wound does not unite by the first intention, its progress is pretty much as follows:—for the first two days all goes on well, but the third day you here that the patient has passed a restless night; he complains of pain in the stump, and his face is flushed, skin hot, pulse quick, and the tongue loaded. After removing the lint dressing, the stump appears swollen and red, and the bandage looks too tight; you slit it up and remove one of the strips of plaster, when the wound at once gapes, no union having taken place, and a quantity of thin, bloody matter gushes out; the patient complains of much tenderness, and can scarcely bear the gentlest compression by the sponge. Two things should be observed; first, not to put two many strips of plaster on, or too tightly, as room should be left for the matter to escape; and, second, not to put the bandage on too tightly, or it will cause much uneasiness: let it be applied merely firmly enough to give support.

Sometimes, however, matters are even worse. A woman, aged 40, of most intemperate habits, was admitted into No. 13 Ward, in a state of excitement almost approaching delirium tremens. Before admission she had had phlegmonous erysipelas, with extensive suppuration and mortification of the integuments and of the cellular tissue, so that the muscles were bared as if by dissection, and the ankle-joint opened into. There was an abscess in the other thigh, which I opened. She had been sent into the hospital to have the limb removed, but she was in such a miserable plight, that at first I refused to perform it. The pain, however, was

so excessive, and she was so constantly crying out for God's sake to remove her leg, that I reluctantly consented, and under the influence of chloroform it was removed, without her being sensible of any pain. There was nothing particular in the operation, except a small drop of thick yellow matter was seen in the centre of the stump—I hoped not in the vein. The femoral artery and another vessel only had to be tied, and very little blood was lost.

Third day.—Rather better than before the operation. Slept some; pulse 120; tongue quite dry; a good deal of thin, fetid discharge; maggots very troublesome. The straps and bandages were removed, and not the least attempt at union was discovered. The lips of the stump were gaping; the whole surface yellow and flocculent; a great deal of yellow, turbid discharge; very tender.

On the eighth day she died, having gradually sunk. The surface of the stump yellow and sloughy; the integument quite pale, and deficient inaction.

Another case will show that in certain habits of body the chance of success from amputation is very small indeed, from nearly the same state of the stump.

Mr. S——, ætat. 60, while riding in the Park, was struck on the shin by the shaft of a car. After the first pain he thought little of it, and went about his business as usual. He was, however, that kind of man in whom even slight injuries can rarely be received with impunity: his habit of body was very full; his complexion rather sallow; he was affected with slight chronic bronchitis, and he lived too well every day, though not intemperately.

The bruised part inflamed, became black, and dead. The mortification spread, though very slowly, till, about five weeks after the injury, nearly the whole of the integument and cellular tissue at the lower half of the leg had mortified away; the muscles were stripped bare; the tendo achillis, peronei, and other tendons clear and bare; the ankle-joint open, and every now and then smart bleedings from open vessels; pulse 130; nocturnal delirium. Unless something was done, death was certain; this something was, of course, amputation. Was it advisable, or even justifiable? In consultation, Mr. Colles, Mr. Cusack, and myself agreed that it was the only chance, but a very bad one, indeed, and this we told the patient and the friends. They requested it might be done, and accordingly I removed the limb.

For some hours after the operation he was better than he had been; quite easy; spoke with hope about himself, and the pulse fell to 94.

This favourable state was of very short duration. Seven hours after

he began to rave, and was delirious the whole of the night. On the third day, when I removed the dressing, there appeared no attempt at union; the stump pale and flabby, apparently with some fluid in it; and when I removed one of the centre straps of plaster, a large quantity of bloody serum, with a slight thickening, or apparent attempt at pus, gushed out. He either lay in a half-inactive state, or raved, and did not recognize any one, and be gulped up a little blood. The stump got a more sloughy look, and the discharge became more profuse—more like pus, but with a bad smell. He would sometimes recognize persons, and answer questions, but not to the purpose. His pulse rose to 140; and he died on the eighth day, a week after the operation, as in the former case.

In a case of bad compound fracture, with extensive suppuration of the leg up the thigh, in a man of forty-five, one of my colloagues took off the leg. The next day the man was odd in his manner, then delirious; the pulse 132; the stump became sloughy, and he died on the fifth day.

Another danger is from phlebitis. A man, of the name of Thornhill, while intoxicated, slipped off the pavement in Castle-street, which is very high, and suffered a comminuted fracture of the lower third of the leg. He was of a very full habit of body for his age, thirty-five, and accustomed to drink four or five tumblers of punch daily. His manner was nervous and excited, and he suffered much from pain in the limb, which it was considered advisable to remove. He died on the fourteenth day, no union having taken place in the stump, which was sloughy, and pus was found for five inches up the femoral vein.

From the foul state of the wards in the Parisian hospitals, the mortality from this last cause is very great—fifty, or even sixty, per cent. according to M. Malgaigre.

*The Bone.*—The usual course is for a lymphy exudation to cover the surface of the bone, which becomes adherent to the soft parts—this is when the greater part of the stump heals by the first intention; when it does not, the surface of the bone, particularly the cancellous structure, throws up granulations, and union by the second intention is accomplished. Finally, the end of the bone is covered by a firm, fibrous material, its edges are absorbed, and it becomes conical. There is, however, trouble from the bone in two ways: first, the action of the saw sometimes seems to kill the sawn surface of the bone; and after the stump has refused to heal for a long time, the centre remaining open and discharging thin matter, the bone can be felt hard and distinct at the bottom of the wound. At length it is perceived to be loose, and can, with a forceps, be withdrawn through the unhealed opening, or if not, an incision should be made, and it should be withdrawn. It sometimes presents a curious

appearance; a perfect flat ring of exfoliated bone, about one-eighth of an inch or less of the end of the bone having become dead or separated entire. Another way is this: you see that the end of the bone is pressing against the upper part of the stump, and that the integument there is strained and tense in consequence; the bone being drawn upwards and forwards by the action of the psoas and iliacus muscles, while the soft parts are drawn downwards and backwards, partly by their own weight and also by the powerful traction of the hamstring muscles. You will best counteract these forces by putting a splint of wood, either flat or scored, at the under and back surface of the limb, with a well-applied bandage, and the tension against the end of the bone is at once relieved. If you do not do this or it does not answer, the part against which the end of the bone projects and presses becomes white and glossy, then red and painful and very tender, then fluctuates, and finally ulcerates, and the end of the bone can be felt with a probe; but though you would think the bone would exfoliate, it generally does not, but unites by granulation with the neighbouring parts, and all goes on well. A stump that unites by the first intention, or, at least, that heals soon, is much more likely to be a good plump one; when the healing is tedious from unhealthy action or diseased bone, no matter how well the operation has been done, the stump will be conical.

Now, with regard to the nerves I have not much to say—they rarely give any trouble. Nerves in a stump are, as was ascertained long ago by Mr. Langstaff, found, after the lapse of some time, to have bulbous extremities. This, I may observe, seems to be the case when nerves have been divided from other causes. In a case of caries of the petrous portion of the temporal bone, where the portio dura was destroyed and completely divided, as it passed through the carious spot, the divided end of the nerve next the brain was bulbous, the end of the distal portion not so.

If, therefore, you find, as in these plates and preparations, the ends of the nerves in an old stump, ending in bulbs, you are not to consider them as diseased; nor if any pain has been felt, that they are the cause of that pain; nor can I say that the cases where they have been removed by operation have been satisfactory. Stumps are usually not very sensitive; but occasionally, from a constitutional, I believe, rather than from a local cause, the most violent pain is experienced,—a pain apparently the most intolerable, and resembling tic-douloureux—absent for a time, but returning in paroxysms of dreadful severity.

The case of the Marquis of Anglesea, whose leg was amputated at Waterloo, will be familiar to you: nothing that was tried gave him any

permanent relief. The great Nelson, also, suffered from this nervous affection, after removal of the arm above the elbow, and many years of his life were rendered miserable by it. Southey's account is as follows: —"His suffering from the lost limb were long and painful,—a nerve had been taken up in one of the ligatures at the time of the operation; and the ligature, according to the practice of the French Surgeons, was of silk, instead of waxed thread. This produced a constant irritation and discharge; and the ends of the ligature being pulled every day, in hopes of bringing it away, occasioned fresh agony." This is true. I happened to meet, some years ago, the surgeon who performed the operation. He told me that he had included the median nerve in the ligature of the brachial artery, but that the operation was performed under great difficulties,—a heavy fire and great rolling of the ship, as it blew hard at the time. We can scarcely include among the morbid after-consequences, that curious deceptive feel which remains so long after a limb has been removed, that it is still on, and that the fingers or toes still move. This feeling extends, unhappily, to previously morbid sensations also. I recollect having seen a man who, twenty-five years ago, had the leg amputated below the knee. He had five years previously wounded the sciatic nerve with a chisel. Besides a loss of sensation and motion in the outside of the leg and foot and of the sole and inside of the foot also, he used to suffer shocks like when the "funny-bone" is struck, going down the whole limb, when the root of the penis or scrotum, or back of the upper third of the thigh, were touched. At the end of the twenty-five years he still occasionally felt the same sensation in the *absent* part.

A very rare result of amputation, indeed, is epilipsy. I have only met with one case, where the arm was removed below the elbow for scrofulous disease of the wrist. There was severe secondaryhæmorrhage; but all ligatures had come away for several days, when he was seized with a very violent epileptic fit, followed by several slight ones. As the aura began in the left foot, perhaps the occurrence of the epilepsy was merely a coincidence. Prosefsor Smith, in exhibiting to the Pathological Society some bulbous nerves that he had dissected from a stump, remarked that he had seen a case where amputation had been followed by epilepsy.

## THERAPEUTICAL RECORD.

*Caustic Lint.*—M. Riboli's plan is to dissolve nitrate of silver in a small quantity of water, soak pledgets of lint in this solution and dry them. Lint treated thus applied to ill-conditioned ulcers produces a more permanent effect than the remedy in a liquid state. Its activity may be varied according to circumstances by increasing the strength of the solution.

*Hooping Cough.*—No. 1. ℞ Argent Iod. ʒ ss. Syp. Ipecacuanha ℥ i; Syp. Prun. Virgin. ℥ iv. M. Dose, a teaspoonful. No. 2. ℞. Argent Iodid gr. vi. Tr. Aconit Rad gtti; Syp. Ipecac. ʒ i.; Syp. Alii ʒ i; Mucil. Acac. ℥ ii. Dose, a teaspoonful.

*Antidote against Cantharides.*—M. Thouery concludes that animal charcoal possesses real efficacy in combating poisoning by Cantharides. His observations have been founded on 54 experiments performed upon dogs, and a few cases in the human subject.

*Iodide of Calcium.*—Its advantages are, given in milk it is tasteless; it is readily decomposed by the weak acid of the stomach, and is then presented for absorption in a state of atomic division; it is not a local irritant, nor systemic excitant. Used in same cases as other Iodides.

*Tornia.*—A new remedy is called *Saoria*, or fruit of the *Morsa picta*. The medium dose for an adult is 20 to 30 grammes. It kills the worm, and usually acts as a purgative. It is preferable to Kousso, because milder, and more common throughout Abyssinia.

*Ingrowing Nail.*—Soak the toe in hot water, and remove all discharge; apply powdered burnt alum to the fungus daily, until it is no longer sensitive; then put a pinch of alum on the sore, cover it with a bit of lint, and strap it down. This plan has succeeded in 140 cases.

*Ayer's Cherry Pectoral*, as it *should* be, is:—℞ Acet. Morphia, gr. iij.; Vin. Ipecac., ʒ v.; Vin. Antimonii, ʒ iij.; Tinct. Sanguinariæ, ʒ iv.; Syr. Simplicis, ℥ ijss.; Olei Amygdal Amaræ, gtt x.; Dissolved in Alcohol, ʒ i.; Acid Acetic, gtt xvj. Let it stand (frequently shaking) three days, then filter.

*Dyspeptic Pills.*—℞ Sulph. Ferri, Powdered Aloes, Extr. Hyosciam, Extr. Dandelion, *aa.* 22 grains. Make 33 pills; dose, one before every meal or often enough to keep the bowels loose, missing occasionally. For acidity of the stomach, use Bicarbon. of Potass.

*Pulvis Ipecacuanhæ et Opii.*—Mr. Stearns says Lactin, or sugar of milk, will be found to replace, with advantage, sulphate of potassa in the preparation of Dover's powder. It should be employed in crystals; and the trituration of it (when reduced to powder), with the powdered opium and ipecacuanha, should be long continued, the whole being finally passed through a fine bolting-cloth seive. The bland nature of the lactin serves to render Dover's powder, thus prepared, more acceptable to children.

*Lead in Palpitation and moderate hypertrophy of the Heart.*—M. Brachet recommends as the best of all remedies the following pills, taken first one night and morning, and after a while two: Sugar of lead, gr. xxx., ext. of digitalis, gr. xv., into 20 pills.

*Leucorrhœa.*—In vaginal discharges, Mr. Lloyd of St. Bartholomew's employs injections of a solution of bichromate of potass, five to sixty grains to the ounce, with good results. It is stated (Med. Times and Gazette, Jan. 1858) that the same preparation is much used at the Liverpool Infirmary to correct the fœtor of foul wounds and ulcers. The power of this solution as a preservative fluid is well known.

*Medicinal Cigarettes.*—A chief inconvenience found in the employment of cigarettes of stramonium, belladonna, etc., is the production of the large quantity of smoke which induces an irritating cough; at the same time they burn but badly. M. Dannecy remedies this inconvenience by watering the dried and divided plants with a strong solution of nitre, drying them again before making up into cigarettes. These burn well without any inconvenience. Moreover, the inspiration of the nitre contained may aid in the relief of spasmodic affections.

## PERISCOPE.

*Prof. Litzmann on some new contributions to the doctrine of uræmia during and after pregnancy* (*Transactions of the Berlin Obstetrical Society, Monatsschrift f. Geburtsk.*, June, 1858).—In a paper, read before this society, Prof. Litzmann expresses his opinion, that future times would establish the fact that eclampsia ought to be considered as a symtom of uræmia, with very few exceptions. Still, eclampsia is not the only form of uræmic intoxication. Other symptoms of this affection are, amaurosis, coma, mania, and typhoid fever. The most general cause of uræmia in cases of this kind, is Bright's disease of the kidneys, *i. e.* an exudation of an albuminous and fibrinous fluid into the urinary ducts, in consequence of which the excretion of urea and other ingredients of urine is checked. It most commonly takes its origin during the latter months of pregnancy, owing to a stasis of the venous blood in the kidneys. The urine taken from women thus effected shows a considerable decrease of urea, and very often of lithic acid. It often happens that the progress of the disease, as detected by the microscope, does not correspond with the symptoms during life, and the reaction seems to depend more upon the extension than upon the intensity of the affection. If a considerable portion of both kidneys is affected with the first stage of the disease, the effect upon the constitution of the blood is greater than if a smaller portion is in a more advanced stage. In the former instance, the excretion of urea must be more restricted than in the latter one. This is exemplified by the history of a case, where, with a seemingly far advanced degeneration of the kidneys, the excretion of urea was not diminished, and consequently no uræmic symptoms occurred.

The second case reported was one of congestion of the kidneys, in which severe uræmic symptoms set in, while only very slight traces of albumen could be detected in the urine. But a chemical analysis proved a considerable decrease of urea during the several attacks; and when the patient began to recover, a large quantity of urea could be detected in the urine. The child, which was born with a cyanotic tint, died twelve hours after birth. A chemical analysis proved the presence of a considerable quantity of urea in his blood.

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*On the Value of Tonic Treatment in some Diseases of the Brain, more especially in cases of Ramollissement:* By Fredrick C. Skey, Esq., F. R. S., F. R. C. S., etc. Surgeon to St. Bartholomew's Hospital.

I wish to speak to day of what is called "Ramollissement,"* or soft-

* Roston did not believe "Ramollissement" to be the result of inflammation, but of a certain degeneration of the brain; especially as febrile symptoms and headache are absent.

ening of the brain. I do not wish to speak of its pathology, I know very little about that, as to whether it is inflammatory or febrile, or what not. All I pretend to know or to tell you is that the disease, as we see it, begins insidiously by loss of muscular power, and it occurs most frequently in men about the middle period of life; the gait or walk of such a person is unsteady, and seems natural to ask a surgeon what may be the cause of this unsteadiness or irregularity. A banker or a banker's clerk finds his style of writing changes; he has power, *quoad* power, he can use a dumb-bell but he cannot regulate this power so as to write a letter, as he previously had done; his urinary system becomes affected, and his urine dribbles away, and even in the rectum, from forgetfulness on the part of the patient, becomes partly paralytic; there is a loss of memory or incoherence of ideas, small eccentricities appear. This man will spell some words badly; these are signs of recent cases: there is little or no implication of the reasoning powers, at least to any extent, but the loss of power, as in handling a pen to write, is most peculiar, as well as the irregularity of spelling of monosyllables badly or backwards in what is written. But if you wish for a more minute description of the disease you will find it in the works of Rostan and others. Now, these cases are common; this train of symptoms occurs in men who have undergone long anxiety in business, or otherwise; men of Parliament or the Stock Exchange, whose "all" may sometimes depend on some bold speculation, or on some cargo of goods at sea, or the like; or this disease will occur in men who have had exhausting fevers or other maladies; or again, in the case of a man who rides with hounds five days a week, four hundred miles a week, and it may be, drinks wine, eats very little, marries very late in life, suffers from venereal exhaustion!—his nervous system becomes "broken down," as it is called. What is the condition of the brain then? Is it a condition of excess of vascular or vital force or the opposite? Can any of you recall a case of "ramollissement" as it used to be treated a few years ago? Happily for yourselves, perhaps not; but the principal point was to keep always in mind "chronic inflammation," and to treat it accordingly. This poor gentleman must first be reduced, made to keep quiet, his diet regulated, his wine and fox hunting stopped, and three grains of grey powder with rhubarb, given at clock-work intervals, for what are called the "secretions," or to touch the gums for this chronic (?) inflammation. Next, his skin was steadily looked to, and that great catholicon of surgery lads, mindererus spirit, with antimony, was ordered, spoiling what little appetite the unfortunate patient may have had. He was rigidly confined to the house—but, mind you, with all this excellent drugging his speech does not improve; he

progresses, but it is from bad to worse. Very well! Now that is one view—now for another. Mark that there is a slow pulse, everything is below par, as I call it. In this, then, "chronic inflammation," some people count on their ten fingers all the drugs I use or adopt. I am very glad of it, for we have too much routine and rubbish in what is called "general practice." The eyes of the public are upon us; are you then justified in lowering this man with your antimony, and your grey powder, and your mindererus spirit? Oh no! But some Solon says you weaken the patient in order that he may get strong. In these cases I could never understand that kind of logic; believe me, if you wish to succeed in practice, you must give up such an idea; you must study nature a little more, and books and journals less. All the medical world of Europe is progressing; but we are still tied down to grey powder and oceans of physic, and bleeding, whereas what is required is that we follow the vis medicatrix and take advantage of the hints she affords us! Well, then, so much for that; now for a case of "ramollissement" as it is called. About two years ago a physician called on me; he said "you are wanted down to So-and-so (150 miles in the country), Mr. So-and-so (a rich country nobleman) has forced a catheter through his urethra; the poor gentleman has got 'ramollissement,' you know that we are not so uneasy about; that is incurable of course; if you can do anything for it well and good; but his faculties are completely gone." Well, to make a rather long story short, Sir B. Brodie and I saw him, and a fortnight after he came up to town, to his residence in Belgrave-square, and I had nearly the entire management of the case.

It is exactly in this sphere of life, of rich noblemen, merchants, or political men in the fashionable West-end squares, that we can alone catch glimpses of these two opposites—viz., the excess of high living, and the excess of sangrado bleedings and starvation or low living of us the doctors! Many of these are probably "heart disease," and a patient dies of a fainting fit, called weak brain, but it is weak heart! Well, the more I came to look at this case of this gentleman, the more I said to myself, the man is dying of exhaustion; I noticed he was better after dinner; I heard that he had had convulsions; this did not frighten me. Now, I want to ask you a curious question; have you ever seen a sheep killed? If not, I would advise you the next time you are near Aldgate Market, just to look at the thing for yourself. Just before all the blood is gone from the sheep, it is horribly convulsed; remember that fact also in weak children who are convulsed. Convulsions, in fact, as you will meet them in practice, are eight times out of ten the result of a very irritable state of the medulla oblongata or chord, which causes very slight irritations

elsewhere to excite violent reflex or convulsive movements; thus, worms or indigestible food will cause convulsions where the nervous centres are weak or irritable. This condition of convulsions to my mind is almost always one of "exhaustion" rather than congestion; just mind that fact when you go into practice—convulsions, are caused by anæmia or "exhaustion."

But to go on with the case: I could not find that this gentleman had had any tonic treatment. I knew that if the brain be anæmic, it cannot go on long in a normal manner, for nine out of ten cases of "ramollissement," are due to anæmia; so I decided to let him go back to his old mode of living. I gave him a pint of claret a-day, that he was accustomed to, in place of water-gruel! He seemed to improve on it. The ratiocinations of his friends did not come true that it would kill him, so we let him have also quinine and iron in place of leeches and water-gruel, and grey powder, antimony and mindererus!

I studied the case for a short time; there was a manifest improvement every week. I was called one day; he was a little worse; did I bleed him? No; I had the experiment with the sheep in my mind; he is a gentleman of very great eminence. It would have appeared very brilliant in a "bulletin," like the brilliant operations elsewhere, that we came up the fifty-ninth minute of the last hour of his sad existence and opened the carotid or temporal, but I did nothing of the kind: I increased his wine. Well, at the expiration of three months, that gentleman made a political speech that utterly astonished his constituents. He can now ride to the foxhounds as well as ever he did, and in the changes and chances of Parliament has filled a very important place; he is in fact to all intents and purposes cured.

Now, a few words on another case. I was called to see another gentleman, who, I was told, was attacked with "epileptic or some fits" every fortnight. I found that they were not perhaps epileptic, as he was never incoherent or deprived of consciousness.

He was a "*bon vivant*," as many of these patients are. The symptoms came on two years previously; his pulse was all along small and weak, quite incompetent to the work, as I thought, of supplying a large and active brain. His doctor had ordered him, as a great stretch of the roborant plan, two wine-glasses of claret at dinner, mixed with water, and pump water, "usque ad nauseam," the rest of the day. How can you prevent or cure disease on such trash as that? Mind you, he was a "*bon vivant*," and had now come to believe that the cardinal point of his cure was rest and starvation. Well, I ordered him the first day a thing he very much wished for—two rattling tumblers of Bass's best ale

per diem, and other treatment in accordance with that plan; he got better. His lady sent for me, however, one night, and I met her on the stairs looking very dolorous indeed. I thought he was dying or dead; but she said, with a solemn face, "he took advantage of our prescription, what *will* become of him! He has taken to-day seven tumblers of ale!" "The deuce he did; but he is better of it. I am delighted," I said; and it really did him no harm but good; he had ridden twelve miles, and was tired, and quenched his thirst in Bass's ale accordingly! Now, that gentleman soon lost his fits, or at least he had a slight fit once in three months in place of once every fortnight. He got on most famously under the strengthening plan, as in the former instance; but in an evil hour he went down to the country in the summer, and on the return of his "fit" the next to hand surgeon, with a red lamp, was sent for, who bled him, gave him the orthodox doses of calomel and colocynth, followed up by—and—yes—but he never breathed again!

I have had now nine or ten of these cases of ramollissement; they all have had slow pulse—a condition always improved by tonics. The heart is perhaps at the root of the disease rather than the brain; some of these patients had alarming syncope—that is, heart, depend on it, not brain. I met Dr. Latham and Dr. Ferguson with one case, and we had a good deal to do to give force to the heart and pulse.

Now, I do not want at all to say—that in some of these very cases we may not have had "ramollissement," I merely contend for the position, that leeches, oceans of physic, and starvation, are not the proper remedies. I will only say a few words relative to another case, which was seen by three of our ablest physicians in London—two pronounced it "ramollissement," and the third "tubercle." I think tubercle in the brain is a very rare disease in adults; this patient had excessively weak pulse; he married late in life, and in many other particulars he was the exact counterpart of the case already given; he was rather forced on me as to treatment. I gave him wine and the ferrocitrate of quinine in large doses—a remedy I have great faith in. Well, in three months he was quite recovered. I have said already I do not believe this disease to be of the nature of inflammation; with heat, pain, redness, swelling, etc., it strikes me as rather of the nature of gangrene, and as arising from anæmia, not hyperæmia; this last gentleman, I ought to say, had an issue ordered for him in Dublin. Well, I have no objection to an issue in these cases nor am I frightened at stopping an issue. There is something of the fabulous about what is written and taught in lectures as to stopping issues. This gentleman's issue healed up, or rather I took off the plaster, and never had that abiding faith in its efficacy that would induce me to

put it on again. In the earlier stages an issue may do good; it can at least do no positive harm, like other things which have had more than a questionable character, as specifics for "ramollissement;" indeed, specifics so called, which unquestionably have hurried many patients to their graves, and which I would implore you to consider well in their bearings before you adopt them. *Dublin Hosp. Gaz.*, March 15, 1858.

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*On Matters of Novelty or General Interest, as at present exhibited in the Practice of the Hospitals of Paris;* By Geo. Suckley, M. D., late Assistant Surgeon, U. S. Army.

[The following extracts are taken from a long and interesting communication dated at Paris, March 27, 1858, and published in the *N. Y. Jour. Med.*, for July, 1858.]

The Parisian Journals of medicine, like those of all other countries, are constantly filled with new projects and methods of treating disease, which, although backed up by successful statistics, real or apparent, and the publication of isolated cases, merely live their day, and are shortly after forgotten. I do not purpose to take up all the novelties in medical treatment which have been advocated during the past winter: *Foremost among the new things of the day, is the revival of Laennec's antimonial treatment of chorea.* The novelty of the renewal consists in the exaggeration of the plan, and the heroic doses administered. To Mons. Gillette, of the Hôpital des Enfans Malades, is due the credit of the renewal of the antimonial treatment, which is now pursued as follows, for children say eight years of age: The first day twenty centigrammes (about fifteen grains) of antim. tart. is given; on the second, twenty; on the third day, thirty. These quantities are dissolved in about three ounces of gum-water, and commence to be given to the patient, fasting, at an early hour of the morning, at the rate of a tablespoonful an hour, until it is all taken. During the administration of the doses no solid food is allowed, but the patient may take a little clear broth; the patient is also kept on his back while taking the medicine, but in the afternoons is allowed to get up and eat the usual hospital diet. If this course has not been sufficient, you will wait for the space of four days before recommencing the treatment, giving them forty centigrammes (about seven grains) of the remedy, in the same way, on the first day, and increasing the dose five centigrammes (nearly one grain), for each of the two succeeding days, observing the same regulations as before. If this does not cure, you again wait four or five days, and then commence fifty-five centigrammes, augmenting the quantity daily, as

before, and following the same rules. If the drug operates too much on the intestines, add a little laudanum to the solution. If these trials do not effect a cure, or some radical amelioration, the treatment by tartar emetic should be abandoned.

Blanche, at the Hôpital des Enfans Malades, until recently, relied upon the shampooing process in treating children for chorea. When employing this latter method the average time of cure was twenty-five days. Blanche now has, to a certain extent, abandoned the shampooing treatment for the antimonial; but not entirely, as a very obstinate case lately resisted the complete exhibition of the antimonial treatment, in which he has been obliged to return to the shampooing process. This is nothing more than an addition to the mountain of proof that we cannot obtain specifics in medicine.

Becquerel does not seem to think much of the foregoing plan, as shortly after it had been publicly proposed, I saw a case of severe acute chorea in his wards, which he treated in the common sense way by following the indications. The case was that of a young girl, who, through cold, had a sudden suppression of the menses. Chorea manifested itself immediately, in a most aggravated form. In addition to the shower bath and cold douche, which are his "sheet anchors," in this complaint, in the view of the obvious cause of the malady a vicarious flow was induced by leeches, a large number of which were applied. I saw the patient a few days after, when she was rapidly recovering.

Trousseau's favorite method of treating chorea is by the administration of the sulphate of strychnine, in the following manner: ℞ Sulph. strychniæ, centigrammes five; syrup. simpl. grammes one hundred. Misce. Cap. coch. mag. ter in die.

Dr. Nathaniel Miller, of Providence, Rhode Island, now in Paris, informs me that he has seen a case of aggravated chorea, which had completely resisted Trousseau's treatment—carried on until the peculiar poisonous effects of strychnine had become dangerously manifested, rapidly cured by the antimonial treatment.

Mons. Briquet has lately advocated the electric treatment for lead colic. He has demonstrated, very conclusively, that the seat of the disease is in the muscular parietes of the abdomen, and not in the intestine. By his treatment, the pain ceases after every application of the agent, leaving the patient comfortable for an hour or longer. In the mean while, the ordinary treatment, for the elimination of the lead, can be employed. During the application of the electricity, the pains are greatly increased, but soon subside. Becquerel does not adopt the plan, but relies on the usual treatment by sulphuric acid and evacuants.

A writer in the Gazette des Hopitaux of December 15th, 1857, giving the results of the so-called "purgative treatment" in the typhoid fever of children, as shown by the practice of M. Beau, makes use of the following strong language in opening his subject: "The purgative method, indubitably the best for the adult," (!) "should it be used in typhoid fever of infants (children)?" If the purgative method* is indubitably the best for the adult" suffering from this disease (a theory which I think very few American physicians will admit), it is not relied upon by Becquerel, who prescribes but little for this disorder except good nursing; although, in rare cases, where there are severe local complications, he occasionally bleeds a little. Bouillaud, at the Charité, treats nearly all cases of this disease by bleeding.

The employment of mercury, in the Parisian hospitals, is almost entirely confined to its use as a cathartic, in which cases very small doses of calomel are given, mixed usually in powdered white sugar. Except in the treatment of specific venereal diseases, the administration of mercury, to obtain its specific alterative effect, is almost entirely confined, in the hospitals of Paris, to the treatment of puerperal peritonitis and congestion of the liver.

Several points in the general treatment in these hospitals are well worth noticing. Foremost is the prevalence of the "let alone treatment," unless there is a strong indication to the contrary. This seems to be particularly the case with Becquerel. In his service also, whenever a patient is bled, the blood is analyzed; if more than the normal quantity of fibrine is found, the bleeding is repeated, and again, and again, if the superabundance of fibrine continues.

A short time ago, I witnessed Becquerel apply the actual cautery to several cases of ulcerations of the os uteri. The agency of the electrical cautery apparatus was employed; and I noticed that he took pains to connect the wires, and heat the metal of the cautery, *ouside* of the vagina. At first, when using the electrical cautery, he was in the habit of heating the iron near to, or directly upon the surface to which he was to apply it; but finding that even in the comparatively short time he had been thus using the agent, that two cases of metro-peritonitis had occurred, he deemed it best to employ the iron already made hot before the introduction into the vagina, in the same manner precisely that the

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* The "purgative method" of Larroque is the one employed. It consists in the administration of an antimonial emetic at first; which is followed afterwards by salts, repeated continually for three or four weeks, in sufficient quantities to produce four or five evacuations daily!!

common actual cautery is used.* The same physician, in ordinary vaginal examinations, makes use of the *tri-valve* speculum by preference.

In surgery I have seen but little since writing my former article. In that paper I mentioned Maisonneuve's method of amputating with the *écraseur*, and stated that the object sought by this mode is to lessen the danger of phlebitis and "purulent absorption." Judging from the success following the removal of hemorrhoidal tumours, etc., by this instrument, and the comparative infrequency of phlebitis as a consequence, it was but fair to suppose that, in hospitals where all operations with the knife had been unsuccessful from that very cause, there must be something more than mere accident to occasion such a manifest difference where the écraseur is used. Thus far, Maisonneuve has amputated ten times in this manner, as follows:—two arms, two forearms, one thigh and five legs. Of this number there have been two deaths; but on a severely exact post-mortem examination, no traces of purulent absorption or phlebitis could be detected.

The case of amputation of the thigh formed one of the two fatal cases. It is a pity that, in the view of the experiment instituted, there was not a larger portion of amputations of the *thigh*, for comparison and examination. Since the means used at first for breaking the bones have been improved and altered, and brought to their present perfection, the stumps following the operation are very good.

The case of injection of iodine into the knee-joint, for the cure of chronic synovitis, reported by me heretofore, was considered *cured* twenty-eight days after the operation. Several similar operations have been performed in the different hospitals within the past two months; and I have heard of one case in which both knees were injected.

Chassaignac has recently amputated the neck of the os uteri with the écraseur. I witnessed two of these operations, which were readily performed, and accompanied by very little hemorrhage, perhaps not more than two tablespoonfuls each. The ultimate results of these cases I have not yet ascertained.

The treatment of fractures is so faulty in Paris, that, to do the subject justice, it would require more space and time than can be at present spared. For some years past, all attempts to apply the extension treatment to a fractured thigh have been abandoned, for the reason that all the methods known to the French surgeons were liable, if extension be

* A single case of metro-peritonitis had also occurred in a vast number of instances in which the common cautery had been used. Whether this was the *only* case that has occurred in Becquerel's wards, or the only case which has occurred during my informant's connection in Becquerel's service, I do not now remember.

kept up, to be followed with sloughs of the ankle, instep, etc. The plan of making extension by adhesive plaster bands, and the "straight apparatus," until March, 1858, had not reached the "focus of medical knowledge," although it has been in successful practice for over seven years in the United States.

The treatment usually employed here for *ununited* fractures, is by the seton. Occasionally however, cures have been effected by exsecting the ends of the fractured bones, and then dissecting up for a short distance, the periosteum from each fragment, and invaginating, as it were, the portions of the membrane towards each other.

In Ricord's hospital, Hôpital du Midi, there are at present the usual number of afflicted. I learn, from the chef de clinique, M. Poisson, that since the last edition of Ricord's letters, a point has arisen to notice, which somewhat staggers the previous theories of that eminent specialist, concerning the convertibility or non-convertibility, of his two divisions of chancres; this is the fact, that chancres on the "face" (lips) are *almost always* of the *hard* variety. To settle this point, a vast number of experiments would have to be instituted, which are precluded by the cruelty of submitting the subjects to such a risk, as well as the great danger of legal processes afterwards. Ricord's treatment for indolent non-suppurating scrofulous buboes of the groin, is to touch the surface in points all over the enlarged gland, with a red hot iron—each point burnt being of about the size of a pea.

*The "Annales d'hygiène public et de médicine légale"* of January, 1858, contains a paper of Mons. Ambroise Tardieu, Physician to the Lariboisière Hospital, on the medico-legal bearings of the crime of "*pédérastie.*" His work contains a record of the alarming and frightful extent of this crime in Paris, as developed by the examination of two hundred and five individuals either actively or passively addicted to the vice together with remarks upon its effects upon the health—its diagnostic signs, and its bearing as a contingent of other crimes.

Dr. Tardieu is the chief medical examiner to the police in cases where expert testimony is required concerning rapes, etc., and is also a man of sufficient standing in his profession to have been appointed visiting physician to the most beautiful hospital in Paris. The disgusting details through which he had to wade in making this report, have been manfully met. Actuated by devotion to science, and a sense of duty, he has written a paper singular in the extreme, upon a crime happily almost unknown in America. I have mentioned the existence of this report, for the benefit of those pursuing medico-legal studies, and in the words of the reviewer of the work, my excuse is—"La science est comme le feu, elle purifie tout ce qu'elle touche.

*The Phenomena of Spinal Irritation, and other functional diseases of the Nervous System:* By Thomas Inman, M.D., Physician to the Northern Hospital, Liverpool, and Lecturer on Medicine at the Royal Infirmary School of Medicine. (8vo., Churchill, 1857, pp. 201.)

What Dr. Inman proposes to show in this volume is—

1. That the symptoms attributable to "spinal irritation" have nothing to do with the spinal cord, or the nerves arising from it.

2. That the majority, if not the whole of them, are due essentially to the same cause which produces the spinal tenderness.

3. That the spinal tenderness results from overstraining of the fibrous origins of the muscles attached to the spinous processes.

4. That the spinal tenderness is analogous to that experienced at the origin and insertion of muscles in other parts.

5. That the weaker the individual is, the greater is the tendency to fibrous pain.

6. That the most common causes of the pain and tenderness, in any part of the muscles, are constitutional or acquired debility.

7. That debility increases equally the irritability of the muscular and the nervous system.

8. That before hysteria can manifest its presence there must be debility from some cause or other.

9. That debility may show itself in the muscular or nervous system, or both.

10. That debility affects the nervous system as a whole or in sections —*i. e.*, mental, sensitive, motor, organic.

11. That functional affections in any one or more of these parts have long been recognized as emanating from deficient vital power.

12. That anything which deteriorates the vital power has a direct tendency to aggravate the complaints referred to.

13. That the muscular and nervous irritability are subject to the same laws, and that the remarks applicable to the one are, *mutatis mutandis*, applicable to the other.

14. That the link connecting hysteria with spinal disorders is constitutional or acquired debility.

15. That, as regards curious mental phenomena, excess of sensibility in the nerves of common or special sensation, a propensity to spasmodic actions and to irregular organic phenomena, there is no essential distinction, they are simply different facets of the same die.

16. That the essential distinction between genuine hysterical and muscular affections is, that a large amount of bodily rest is necessary for the cure of the latter, while it is not so absolutely requisite for the former.

17. That, for the future, it will be necessary to discriminate between pain arising from muscular fatigue, cramp, or fibrous stretching and genuine neuralgia, and that there will be neither precision in diction nor a clear idea of treatment until the distinction is made.

These are the principal propositions which are set forth in the work before us, and to the establishment of which Dr. Inman adduces evidence which must be allowed by every one whose prejudices will not interfere with the fair exercise of his reasoning powers. At any rate the evidence appears to be sufficiently cogent to us.—*Ranking's Abs., Dec.*, 1857.

# The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS, DIGNITATEM ARTIS MEDICÆ TUERI.

The Late Trial of Dr. Webster for a Criminal Assault.—In our last issue we laid before our readers the details, as reported for the "Montreal Herald," of the trial of Dr. John Horatio Webster, who was charged with having committed a rape on the person of Mrs. Louisa Nichols, while the said Mrs. Nichols was under the influence of chloroform. We made no remarks on the case at the time, as we were desirous to ascertain what further effort of counsel on behalf of the prisoner would result in. Dr. Webster, however, being still confined in jail, and his sentence yet unpronounced, we purpose entering into an examination of the medical questions connected with the evidence brought forward by the Crown, with the view of ascertaining whether or not the verdict, "Guilty of an attempt to commit rape, with a recommendation to mercy," brought in by the Jury, was clearly warranted by that portion of the evidence. Before taking up our pen we have endeavoured to lay aside all prejudiced feeling against the prisoner; for we frankly confess that if we were to allow ourselves to be influenced by our pre-conceptions of his private character, we would not be at all inclined to treat him with favour. Our aim will be to analyse the medical portion of the evidence, and give an unbiassed opinion. We cannot for a moment subscribe to the decision arrived at by many who are doubtful as to the guilt of the prisoner in this particular instance, viz., that he deserves punishment for other offences, and should therefore be allowed to suffer. Were justice to be administered in this manner—were men to be condemned for alleged crime, on insufficient evidence, merely because public report attributed to them the commission of deeds similar or dissimilar to that for which they might at the time be arraigned before the legal

tribunals of their country—it would certainly result in consequences the most disastrous. No individual under such a state of affairs would be safe from the malignancy of enemies. By means of a well-organized combination, the character of an innocent person, as a preliminary step, could be very effectually injured, and then a certain definite crime being laid at his door, this very reputation could be employed to secure his conviction. The English practice of regarding a man as innocent until he be *proved* guilty, is, we believe, the greatest safeguard against injustice. Better that a guilty man should escape if proof were insufficient, than admit the principle of condemning an accused without adequate proof, because he is represented or known to have committed other offences deserving of punishment.

In entering on the consideration of the evidence brought forward at this trial, the first question that presents itself for solution is,—What was the anæsthetic administered? That this has an important bearing will be readily admitted when the effects produced by the inhalation of the two principal anæsthetics now in use—chloroform and ether—are compared with each other. It is too much the practice among medical practitioners to regard all anæsthetic agents as possessing identical properties. It is true that through the whole series of those carbon compounds which form the true as distinguished from the false anæsthetics, there is, in their effects on the human system, a certain amount of resemblance, but each one, nevertheless, has definite peculiarities which distinguish it from all the others. They differ widely, for instance, in anæsthetic power. Light Carburetted Hydrogen, Alcohol, the compounds of Methyle, and the Naphthas, are much feebler in this respect than the Ethers and compounds of Formyle. Aldehyde and Formic Ethers are substances that act powerfully in producing insensibility, but they give rise to so much irritation that it is impossible to employ them in practice. Carbonic Acid and Carbonic Oxide are powerful narcotic poisons, and Bromide of Olefiant Gas, which is pleasant and agreeable while being inhaled, producing no irritation whatever, has been followed in a few hours by death when administered to animals. The primary effect of Ether and Chloroform when inhaled is the same—an irritant impression on the mucous membrane of the air passages, causing slight cough. This, however, soon subsides. In the case of Chloroform, when twenty to thirty minims have been administered, it is followed in a space of time, varying from ten seconds to two minutes, by symptoms of approaching unconsciousness. There is a feeling of buzzing or pulsation in the head, the brain becomes confused; the special senses are disordered; strange sounds are heard, and the colour of objects becomes altered. This is

accompanied in some persons by very pleasurable sensations, and agreeable hallucinations; but in others by a feeling of suffocation, which is very distressing, and causes the patient to make strenuous efforts to free himself from the operator. Loss of consciousness succeeds, more or less complete, with quiet sleep, or sometimes unquiet sleep, with a tendency to incoherent talking and laughter. This state of insensibility remains for a period of five or six minutes, and when it passes off there exists either no recollection whatever or a very undefined notion of what has passed. When the dose has been one or more fluid drachms the effect is more powerful and rapid. Feelings of an agreeable character are soon followed by diminished sensibility, general numbness, mental obtuseness, drowsiness, complete loss of consciousness, and profound sleep. The eyelids droop; the pupils are dilated, though contractile, and roll upwards; the breathing is slow, often stertorous, and sometimes with frothing at the mouth; sensibility and the power of movement are quite lost and the muscles are in general universally relaxed, though in rare instances slight convulsive twitching of the face and limbs are observable. From the state of deep stupor or coma, the patient usually passes, for a short time, into a soft sleep, or dreamy drowsiness before fully awakening; but not unfrequently there is an immediate return to complete consciousness and the power of motion."

In the case of ether this primary effect is followed by symptoms of *general stimulation.* The pulse becomes rapid and the face flushed. The patient is exhilarated, sometimes quiet, but usually exhibiting considerable agitation of the muscular system, amounting, in some, to convulsions. In a period, varying from two to ten or fifteen minutes, sleepiness is produced, and anæsthetization is known to have supervened by the closure of the eyes, the relaxation of the muscles, and the patient falling back apparently quite unconscious. "The mind, however, is not wholly inactive; for the individual often afterwards speaks of curious dreams or visions, which seem to him to have been of long duration, and which though occasionally disagreeable or even fearful, are for the most part very much the reverse; and, altogether, the effects are so pleasing that a repetition of the process is frequently desired. But, with an increased influence of the vapour, a deep comatose sleep is induced, often attended with snoring, in which there is an entire loss of consciousness. If the agent is omitted as soon as the stupor appears, this state subsides as quickly as it was produced; and, though there may sometimes remain a momentary confusion of mind, and slight languor of body for a short time, occasionally perhaps a little headache or nausea, the subject of the process soon returns to his previous condition, as if nothing had

happened. *In the period of excitement, it occasionally happens that the sexual function becomes the special seat of stimulation; and the delusions of the patient, or his dreams, may take a corresponding direction, and, even after the perfect return of consciousness, may remain impressed on the mind with the vividness of reality.*"* In addition to its power of abolishing sensibility, relaxing spasm and inducing a state of profound unconciousness, ether has often a remarkable effect on the mucous tissues, *causing a great relaxation with increased discharge from their surfaces. This has been particularly noticed in the mucous membrane of the generative organs of women*, and in that of the bronchial tubes. Now by comparing the effects of ether with those of chloroform, it will be perceived that they agree on two points only:—1stly. They produced a certain amount of irritation when first inhaled; 2ndly. They both, when a certain quantity is administered, induce a state of profound coma in which the patient becomes completely unconscious, and sensibility is entirely abolished. The manner, however, in which the patient is affected as he gradually becomes placed under the influence of each anæsthetic is markedly different; and there are phenomena attending the inhalation of the one which are not observable in that of the other. Chloroform appears to be a powerful and direct sedative to the nervous system, affecting secondarily the circulation, and the respiration. Ether is primarily an excitant, and like other intoxicating agents is probably absorbed into the blood, by which means it comes into direct contact with the nervous system, the functions of which it first increases, then deranges, and finally depresses to a greater or less degree. But it is the peculiar effects which sometimes accompany the inhalation of ether that makes the question:—What was the anæsthetic administered?—of the highest importance in this trial. The fact that in many instances ether stimulates the sexual functions, producing erotic dreams, which the patient on becoming conscious, has great difficulty in believing to have been mere delusions and not actual realities; and that at times it produces also considerable discharge from the female generative organs, is of the highest medico-legal importance. In no work that we have had access to, are the same symptoms attributed to chloroform, and this agrees perfectly with our own experience; for in all the cases in which we have administered it ourselves, seen it administered by others, or assisted in its administration, never have we witnessed an indelicate action or gesture on the part of the patients, nor have we ever heard, during the period of inhalation or while the person was emerging from the state of anæsthetization, the utterance of obscene or improper language. Our observations of its effects, moreover, have been made on persons of different ranks of life.

* Wood's Therapeutics and Pharmacology, Vol. 1, p. 688.

We have seen it administered in the large hospitals of Europe, to the lowest and most depraved persons, and in our own hospital we have operated on prostitutes while under its influence—we have seen educated gentlemen and ladies, of refined manners, placed under its influence, and the results of our observations are such as we give above. The same opinion, we venture to say, is entertained by most, if not all the physicians in Canada who are accustomed to use it. We know it to be the opinion of Prof. Campbell, of this city, whose great experience of its effects, employing it, as he does, most extensively in the practice of midwifery, renders him in all probability, the greatest authority on such a question in the Province.

Two medical gentlemen were brought forward by the defence to give testimony to the effects of chloroform, and one of them (Dr. Jones) states: "I have known ladies use language, when under the influence of chloroform, that they would blush to hear at any other time. They were most respectable ladies; the language was awful; where they got the language, I dont know." (A laugh.)

From what we have said, it will be seen we differ entirely from Dr. Jones, and, we are confident, that if that gentleman will recall the circumstances under which he heard such language, he will find that the persons were etherized and not chloroformized. The second was Dr. W. Nelson, one of the oldest and most experienced physicians of the city His testimony, which was intended to apply to chloroform, bears out our views. To prove that the inhalation of chloroform is capable of causing excitement of the sexual functions, and fixed delusions, he gives in illustration a case in which he administered ether. "I once operated on a woman who had a tumour. I got the loan of an apparatus *to administer ether.* I received it from Dr. Webster. *The patient took ether*, and I removed a tumor of seven pounds weight. The woman for two days held the opinion, though many of her neighbours were witnesses of the operation, that I abused her."

The second question that presents itself is:—Are there statements contained in the evidence which would indicate the particular anæsthetic employed?

During the trial it was apparently taken for granted that chloroform was administered. The defence admitted, whether or not by the direction of the prisoner we know not, that chloroform was the anæsthetic given by Dr. Webster; and endeavoured to substantiate that all the prosecutrix affirmed was quite explicable by the effects of chloroform on the system.

There appears to have been an impression on the minds of all concerned that the effects of chloroform and ether are identical, and that all that was stated with regard to one applied with equal force to the other.

This we consider to have been particularly unfortunate, for if it could be established that ether, or, what is a very favorite combination with American Dentists, chloroform and ether united, was the anæsthetic administered, it would go far to satisfy the minds of many medical men that Mrs. Nichols has been labouring under a delusion; a view they cannot at present entertain, judging from what they believe to be the effects of chloroform.

Were it established beyond a doubt that ether was inhaled either simply or combined with chloroform it would serve, moreover, to account not only for the erotic feelings but also for the wet condition in which Mrs. Nichols found her under-clothing. "When I went home," she says, "I perceived that my under-clothes were very wet. I became aware of this circumstance before I left the prisoner's office. I thought it was my own urine, and attributed it to the fact that I had been greatly pulled about." As we have stated above, ether has at times a relaxing effect on the mucous tissues, causing a profuse discharge from them, and that this effect is more manifest in the membrane lining the generative organs of females than that of any other portion of the body. This condition of her clothes has been considered by many persons as strong proofs of the guilt of the prisoner; but the explanation becomes easy on the supposition that ether was the anæsthetic. We are not aware of the same circumstance having been observed in connection with the administration of chloroform. So much then with regard to the anæsthetic. We will now proceed briefly to advert to a few points which seems to favour the view that Mrs. Nichols was labouring under a delusion, the result of the stimulating effect of the substance inhaled on the generative organs. In the first place she was in a condition which rendered her peculiarly susceptible to excitement of these organs on the suspension of the will, and, as a consequence, her dreams or delusions would take their complexion from the excited sexual function. She was, in other words, menstruating at the time of her visit to Dr. Webster's surgery.

Again, her recollection of the order in which events occurred, and the manner of their occurrence is somewhat indistinct. She states, for instance, in her evidence in chief, that when she first became partially conscious, she *saw* she was not in the chair, but on a sofa, and she also *saw* that the prisoner was sitting along with her on the sofa; that she again became unconscious, and the next thing she recollects was that the prisoner was still sitting on the sofa beside her, and that he had his hand in an improper position, and had placed hers in the same. In cross-examination, however, she says:—"I *felt* the prisoner's hand in an improper position upon my person, but *I did not see* it. *I did not see*

my own hand in a similar position on his. *I felt but did not see* him sitting on the sofa beside me."

From these considerations then, coupled with the evidence of a non-medical character, which may be found in our last number, we are of opinion that the prisoner has been convicted on insufficient evidence. He may certainly be guilty, but *we* could not condemn him on such slight evidence.

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New Drugs.—We have received from Mr. J. Beers, of the Medical Hall, samples of the Compound Syrup of the Phosphates, Compound Syrup of the Hypophosphites, Alcoholic Solution of Glonoine, Kamala in powder and in tincture. The Syrups are prepared by Cushman, of Broadway, New York. They are principally designed for the use of patients in Consumption, or rather in Scrofulous or Tubercular affections; but they may also be found beneficial in several other cases of disease such as Marasmus, Rachitis, Cachexia, and Chronic affections generally. The Compound Syrup of the Phosphates is called "Chemical Food"; its bases are iron, lime, soda and potass. Its dose is a fluid drachm three times a day; and in this quantity there are said to be 3 grains of phosphate of iron, 2 grains of phosphate of lime, the same amount of phosphate of soda and of free phosphoric acid, and 1½ grains of phosphate of potass. It has a cherry red color, is perfectly transparent, of an oleaginous consistence, with an agreeable taste, leaving an agreeable acid styptic impression on the palate when tasted. The Compound Syrup of the Hypophosphites has rather a thinner spissitude than the former; is almost colorless, but not entirely so, from having a very faint cloudiness slightly obscuring its transparency. Its dose is the same as in the preceding preparation, and each teaspoonful "contains 3 grains hypo-phosph. of lime, 1½ grains hypo-phosph. of soda, and 1½ grains hypo-phosph. of potassa." It will be remembered by our readers that it was to this class of chemical compounds the extraordinary success was referred in Phthisis, which has been before reported in former pages of this Journal. Glonoine also has been described in one of our later numbers. The solution before us contains 1 per cent. by measure. Kamala, in substance, is a powder of a cinnamon brown tint, rather aromatic odor, leaving a roughish impression on the tongue, and devoid of unpleasant flavor: its dose is about ʒj., and is said to be an efficient anthelmintic in cases of Tænia. We were indebted to the kindness of a highly intelligent friend for a previous sample some months before. He had used it, and mentioned, in conversation, an interesting case where some young Tænia had been expelled after he had administered it.—

The Tincture of this substance is a pleasant liquid, which may be advantageously chosen when the former is objectionable.—Kamala is furnished by the Rottleya Tinctoria, and we conceive it ought to take the place of Kousso: from several trials of the latter, we conclude it is not as efficacious in this country as it is represented to be in its native place and elsewhere.

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## HOSPITAL REPORTS.

I—*Amputation below the Knee for Chronic Ulcer of Stump.* Reported by Mr. Irvine Bogart.

James Deegan, a native of Ireland, aged thirty-three years, was admitted into the Montreal General Hospital, on the 25th day of September, 1858, under Dr. Wright, for an ulcer upon an old stump of the left leg. He is a man of strong habit of body, and is a labourer.

He states that while crossing the track of the Rock Island Railway Company, on the night of the 14th November last, one of the engines of the Company ran over his foot, passing from below the inner malleolus across the tarsal and meta-tarsal bones to the base of the second phalanx of the little toe. He was immediately placed under the charge of Drs. Julet and Briggs, who dressed the foot in the usual way; but in a short time gangrene set in. They then applied antiseptics. But, finding all attempts to save the foot impossible, they determined upon an amputation, which was performed seven days after the accident. The incision, he states, (he was not under the influence of chloroform,) commenced below the inner malleolus, and was carried across the tarsus to a corresponding point on the opposite side of the foot. The operation undertaken appears to have been Chopart's. The wound went on well for some time; but about six weeks after the operation, a portion of bone, about an inch square, came away. It then healed up until an opening about the size of a penny was left. He now attempted to walk on crutches; but, being awkward, fell several times, crushing the stump severely. It then appears to have sloughed a little, and a large opening was left, which has never healed. He began to apply a wash of nit. argent, and continued to do so until he was admitted into the M. G. Hospital.

*Condition of Ulcer upon admission.*—It had an unhealthy, indolent look, without any tendency to heal. The floor was formed by the under surface of the astragalus, and the discharge was rather abundant and sero-purulent. Was about 2½ inches long, and about 2 inches broad at

its post. extremity, and 1 inch at its ant. extremity, and of a pear shape. The skin surrounding the ulcer, and for about 3 inches above it, was highly inflamed and exceedingly tender to the touch, with slight effusion beneath. He appeared perfectly healthy in every other respect, but complained of anorexia. Linseed poultices were applied upon first entrance.

27th Sept.—Was ordered red wash to be constantly applied to the part:—℞ Liq. Arseni, chl. ʒ vi., Aqua ℥ iv. Dose, ʒ ii. in water, three times each day. This treatment continued until Oct. 13. He stated then that his appetite was much better, and altogether he felt much improved. The ulcer was healthy-looking, all the inflammation had subsided, and new skin to the extent of ⅛th of an inch had formed all around the sore. But it was decided in consultation that the stump could never be useful to him, and he accordingly submitted to a re-amputation, which was performed by Dr. Wright in the circular manner, just below the tuberosity of the tibia, Oct. 14th.

*State of Case after Amputation.*—Oct. 15. Patient very restless and excited; an anodyne draught was administered during the night. Ordered Imperial as a drink. Acet. Opii H. S.

Oct. 16. Patient's face is flushed, and he is still restless: progress is satisfactory.

Oct. 19. Pulse small and quick; wound doing well, small collection of pus in the depending part, is very tender, but not inflamed, (straps and bandage). Ordered 6 oz. of wine, and ditto. of brandy; ℞ Quinae Sulph. xv. grs., Acid Sulph. Arom. ʒ ii., Æther Sulph. Spts. co. ℥ ii., Aqua ℥ vi. ℥ ss. three times each day.

Oct. 20. Omit Imperial on account of some intestinal distress. Ol. Ricini ℥ ii. Wound looks well; most of it has healed by first intention. No pain of consequence, and little irritability.

Oct. 23. Was very excitable and restless; rolled much in bed, and between the hours of 7 and 8 in the evening struck the stump against the cradle, and hemorrhage set in. Blood came away in a small jet, a little more than the size of a thread, reaching the height of about 2½ feet about 8 oz. of blood was lost. Dr. Craik, House Surgeon, was sent for; he applied the tourniquet to the femoral, and the bleeding ceased. Dr. Wright arrived: took off the bandages, and reapplied them. Bleeding did not recur, and no untoward event has been felt since.

Oct. 25. Wound looks healthy, and patient better and stronger; ordered mutton chop and potatoes.

Oct. 28. Ordered clothes.

Nov. 1. All the ligatures have safely come away. The line of the

wound is completely closed, except a spot the size of a shirt button, at the outer angle, which is skinning fast.

After the amputation the old stump was examined, and presented an unhealthy appearance, the bone being diseased.

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II.—*Anchylosis of the Cervical Vertebræ.* Reported by Mr. Wm. E. Bowman.

Michael Power, aged 28, a stoutly built laboring man, of bilious temperament, was admitted into the Montreal General Hospital, for a sore neck, on the 7th of May, 1858.

*August 24th*, 1858.—Twelve years ago he had a chancre, which yielded to caustic and pills in ten days. He does not recollect that the pills effected his mouth in any way.

Seven years since he suffered greatly from an ulcerated sore throat and tongue, which has left numerous warty excrescenses on the posterior surface of the latter.

Four years and a half ago, whilst at work, and seemingly without cause, he was seized with a constant severe pain in the left side, in the vicinity of the spleen, which extended quickly across to the right, and seemed to shoot upwards to the neck, producing, he thinks, the present swelling in the lower part of the occipital triangle, for he now first observed it. This attack confined him to bed for three weeks, from the excruciating pain felt on breathing. The tumour, he says, was never increased in size, but had become a little more prominent. It is three eighths of an inch in height, and three-fourths of an inch in diameter, is fibrous, and is firmly attached to the scalenus medius muscle. It gives no pain, except when severely handled.

Six months after this he caught a severe cold by exposure (whilst overheated). He awoke the next morning with dullness of hearing in the right ear, without pain. This deafness continued for a year, when it left suddenly on the acquisition of a fresh cold, which brought on flashes of light, with sharp pain all over the right side of his head. The flashes appeared to him to come from the ear and end above the eye, occurring three or four times a day for a fortnight, each being accompanied by a slight dart of pain for the moment. The steady pain never ceased for nearly a year; it was somewhat easier during the night-time if he lay on his back. To this cold he attributes his present Fistula Lachrymalis.

Summer before last, he first observed the appearance of five lumps on the top and right side of his head (he was then suffering from pain in the part). One of them has been opened twice, allowing the escape of a few drops of watery blood.

The following winter (a year and a half ago) the pain ceased and the lumps broke, three healing up and leaving pits in the skull; the other two kept running till March last, when they stopped for seven or eight weeks; and, on the re-opening of one of them, he came into Hospital.

At the same period (18 months ago) he first felt the soreness in the neck; and, although he had it but in the left side, yet his head was drawn straight backwards so greatly, that for six or seven weeks he was unable to see his feet in any position. After this his neck became so very weak that his head always fell on his left shoulder, if unsupported. Liniments now applied were without benefit. It grew worse daily for a month, and then began slowly to gain strength till last fall, when he first felt stiffness in it, which has steadily increased up to the present, and been constantly accompanied by pain.

His strength has throughout been undiminished, and his appetite good. He has always sweated more than usual whilst at work, and since his illness he perspires greatly at night; and, although now getting profuse, he thinks the sweating does not debilitate him.

Since his admittance the sore on his head has spread in circumference, but has improved very much in appearance under the various ointments containing "Hydrargyrum" which have been applied. His neck has been but slightly relieved by the numerous cuppings, blisters, hot fomentations, &c., ordered for him since his entrance.

About a month ago (Chloroform being administered) an unsuccessful attempt was made to move the neck: it seemed permanently fixed.

For the last six or eight weeks he had felt an occasional cramp in his neck and back, but on the 6th of August he was seized with them constantly for an hour. They commenced on each side of the spine, extending upwards from the kidneys to the occiput, there ending to give place to others following in quick succession. Dover's powders were prescribed afterwards with advantage. He was then ordered Cod Liver Oil internally.

Aug. 18th. An ointment, composed of the strong mercurial and compound iodine ointment mixed, was next directed to be rubbed to the neck. It did not, however, affect his gums till the fourth day; as soon as it did so, it seemed to act like magic, nearly all the pain leaving him in a few hours. He now feels better than he has for years, and is able to move about with comfort. The stiffness, nevertheless, remains as before.

Oct. . Up to this period the change has been slowly and gradually for the better. He was discharged to-day, with his general health greatly improved. Anchylosis permanent, but without the usual pain in the neck, and the sore on his head gradually healing up.

III.—*Traumatic Iritis.* Reported by Mr. Edwd. W. Smith.

James Wilson, æt. 26, was admitted into the Montreal General Hospital, under Dr Wright, on Monday 23rd August, for sore eye. About a week ago he received a blow in his right eye, from a weapon commonly called a "skull-cracker." The power of vision in that eye was at once lost, and did not return again for four days. After the injury there was pain in and around the eye for two days. At present, the iris presents a green color, (the other eye being grey), with a line of clotted blood extending downwards and inwards along the outer half, like a fissure. There are also redness of the sclreotica, irregularity and immobility of the pupil, and effusion of blood into the anterior chamber, filling its lower third. This eye is also more prominent than the other, and slightly conical. It was injured once before; in consequence of which its vision has not been perfect since that time.

There is very slight febrile disturbance; furred tongue; slightly accelerated pulse, &c. The bowels are regular.

*Treatment.*—Pulv. Cretæ co. c. Opio gr. x., et Hydrarg. Chlor. iij. Cap. ter in die. Sol. Atropine to be dropped into the eye occasionally.

25th August. Getting much better; redness of sclerotica not so intense; fissure of the iris almost entirely closed, and the quantity of blood in the anterior chamber considerably diminished.

27th August. Pupil greatly dilated from the atropine. The narrow, red, vertical line upon the iris disappeared; blood nearly all absorbed; all febrile disturbance has entirely disappeared.

29th August. All the symptoms are much improved; but there appears to be more blood in the anterior chamber than there was yesterday. This circumstance is probably owing to gravitation: the blood, being in greater quantity in the posterior chamber when the iris became dilated, found its way over the margin of that curtain into the anterior chamber; or possibly the man may have lain on his face, which would, of course, be productive of a similar result.

2nd September. Discharged, almost perfectly well.

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QUARTERLY REPORT OF THE MONTREAL GENERAL HOSPITAL,
Ending 20th July, 1858.

| | | | |
|---|---|---|---|
| Patients remaining from the last quarter | 61 | Died during the quarter | 10 |
| Admitted during present quarter | 300 | Now in Hospital | 74 |
| | | Discharged | 277 |
| | 361 | | 361 |

| In-door Patients. | | Out-door Patients. | |
|---|---|---|---|
| Males | 179 | Males | 654 |
| Females | 121 | Females | 780 |

DISEASES AND ACCIDENTS.

| Diseases, &e. | Admitted. | Died | Diseases, &c. | Admitted. | Died |
|---|---|---|---|---|---|
| Abscessus | 5 | .. : | Lupus | 2 | .... |
| Ambustio | 2 | .... | Luxatio | 2 | .... |
| Amenorrhœa | 5 | .... | Mania | 1 | .... |
| Amputatio | 1 | .... | Menorrhagia | 1 | .... |
| Anasarca | 1 | .... | Morbus Brightii | 1 | 1 |
| Anchylosis | 1 | .... | " cordis | 1 | .... |
| Aneurismus Poplit | 1 | .... | " coxæ | 3 | .... |
| Aphonia | 1 | .... | Necrosis | 2 | .... |
| Bronchitis | 6 | .... | Obstipatio | 1 | .... |
| Calculus Vesicæ | 1 | 1 | Ophthalmia purulent | 1 | .... |
| Cancer Labii | 1 | .... | Ophthalmitis | 1 | .... |
| Carcinoma Glossæ | 2 | .... | Osteo cephaloma | 1 | .... |
| " Tarsi | 1 | .... | Orchitis | 2 | .... |
| " Uteri | 1 | .... | Otitis | 1 | .... |
| Caries Tarsi | 2 | .... | Ozœna | 1 | .... |
| Cataractus | 2 | .... | Paralysis agitans | 2 | .... |
| Cephalalgia | 5 | .... | Paraphymosis | 1 | .... |
| Cerebritis | 1 | 1 | Paraplegia | 1 | .... |
| Conjunctivitis | 15 | .... | Paronychia | 7 | .... |
| Contusio | 9 | .... | Phthisis | 9 | 1 |
| Corneitis | 6 | .... | Pleuritis | 1 | .... |
| Coryza | 1 | .... | Pleurodynia | 1 | .... |
| Cynanche Tonsil | 1 | .... | Pleuropneumonia | 2 | 1 |
| Debilitas | 2 | .... | Pneumonia | 5 | .... |
| Del. Tremens | 13 | .... | Porrigo | 3 | .... |
| Diarrhœa | 7 | .... | Psora | 1 | .... |
| Diphtheritis | 2 | 1 | Pterygium | 1 | .... |
| Dysenteria | 3 | .... | Purpura | 1 | .... |
| Dyspepsia | 4 | .... | Ranula | 1 | .... |
| Ecchymosis | 4 | .... | Rheumatismus | 17 | .... |
| Eczema | 1 | .... | Roseola | 1 | .... |
| Emphysema | 1 | .... | Rubeola | 1 | .... |
| Enteritis | 1 | 1 | Scabies pustul., | 3 | .... |
| Epulis | 1 | .... | Scarlatina | 3 | .... |
| Erysipelas | 5 | 1 | Scirrhus pylor | 1 | 1 |
| Erythema | 1 | .... | Scorbutus | 1 | 1 |
| Favus confert., | 1 | .... | Scrofula | 1 | .... |
| Febris com. cont., | 20 | .... | Staphyloma | 2 | .... |
| " intermit., | 2 | .... | Strictura Urethræ | 1 | .... |
| Fistula in ano | 1 | .... | Subluxatio | 1 | .... |
| Fractura simp., | 6 | .... | Synovitis | 5 | .... |
| " basis cranii | 1 | .... | Syphilis | 16 | .... |
| Furunculus | 1 | .... | Torticollis | 1 | .... |
| Gonorrhœa | 7 | .... | Toxicatio | 1 | .... |
| Hæmoptisis | 1 | .... | Tracheitis | 1 | .... |
| Hemiplegia | 1 | .... | Ulcus | 16 | .... |
| Hysteria | 1 | .... | Urticaria | 1 | .... |
| Ictus Solaris | 1 | .... | Varix | 1 | .... |
| Intertrigo | 1 | .... | Vulnera | 10 | .... |
| Iritis | 1 | .... | | | |
| Lumbago | 1 | .... | | 300 | 10 |

Operations, &c., during the Quarter.

*Major Operations.*—Lithomy, Perineal section (Syme's); Amputation of foot (Chopart's); Excision of labial cancer; operations for cataract, 6; for strabismus, 7; for ectropion, 3; for removal of tumours, 3; tenotomy, 1. Total, 24.

By Dr. Wright.—Amputation at the shoulder joint.

*Fractures treated*, 7.

*Dislocations Reduced.*—In-door, 2. Out-door, 3. Total, 5.

*Minor Operations.*—Venesections, 9; cuppings, 72; starched bandages applied, 14; teeth extracted, 127; wounds dressed, 29; abscesses opened and other incisions, 132; ulcers strapped, 134. Total, 517.

*Attending Physicians.*—Drs. Fraser and Reddy.

ROBERT CRAIK, M. D.,
*House Physician and Surgeon.*

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## MEDICAL NEWS.

The late lamented Chomel was in the habit of retiring at the end of each week to a beautiful country seat in the neighbourhood of Paris. Since his demise it has been purchased by Ricord.—Dr. George Combe, the celebrated Phrenologist, died on the 14th of last August at the age of 70 years.—In Philadelphia there are 7 Colleges devoted to Medicine and Collateral Sciences, and 19 Hospitals, besides 3 Dispensaries.—The Iowa State University have decreed the entire abolition of all fees in the Medical department, except $10 for matriculation, $5 for dissecting ticket, $2 for expense of any contingent damages, and $30 for diploma.—Candidates for the Indian Army are now received at the minimum age of 21 years.—Professor Trousseau considers that he ought to know something about the operation of tracheotomy, having performed it 250 times.—"Iodine," says M. J. Bouis, "is always present in rain-water, sometimes in the state of hydriodate of ammonia, but more frequently in association with organic matters."—Another medical Knighthood was conferred by Her Majesty lately, to Mr. Fisher, Chief Surgeon to the Metropolitan Police Force.—Cholera has broke out in Hong Kong, and some fatal cases are reported amongst foreigners.—During the year 1857 the relative circulation of the three weekly Medical Journals published in London was: Medical Circular 57,600, Medical Times 44,725, and Lancet 60,250. The rate of increase has been most marked in the case of the Circular and it designs to be the most popular, which is a success we hope will crown the deserving efforts of its projectors.—The support of the different establishments for the poor in Paris entails an annual expense of 16,132,114 francs.—In Paris the expense per day of a patient in a hospital costs 2f. 27c., and in a hospice 1f. 47c. The consumption of bread, per year, amounts to 2,162,433f.; wine, 1,348,468f.; meat, 1,657,317f.; medicines, 677,152f.—The whole number of apothecaries and druggists at the time of the census of 1850 in the United States was 6,139; the whole number of physicians was 40,481.—Morris H. Henry, a student in the office of Prof. Carnochan of New York, lately brought an action against the latter for services in assisting in making anatomical drawings, in acting as amanuensis and in writing medical disquisitions and attending patients, and the Jury returned a verdict of $400 for the plaintiff.—The Naval Board, lately assembled at Philadelphia, selected but 7 out of 27 candidates for the post of Assistant Surgeon in the Udited States Navy; and the Army Board last April selected but 2 of 27 candidates for the same post in the Army.—Andral and Trousseau have obtained the rank of Commander, which is the highest but one in the Legion of Honor.—Paget, by more recent statistics, has come to an opposite conclusion as to the comparative length of life in Cancer of the breast, with and without operation, to that he formerly published. He now believes the longest life is when operated on.—Turkish manna has been made to yield a new variety of sugar which is called *Trehalore*. It crystallizes in rhombic prisms that are quite different to those of cane sugar, and it does not readily ferment with yeast.

THE

# MEDICAL CHRONICLE.

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## ORIGINAL COMMUNICATIONS.

ART. XIV.—*A Case of Sterno-omphalopage.* By JOHN REDDY, M. D., L.R.C.S.I., Physician to the Montreal General Hospital, &c.

The following singular case may not prove uninteresting to your readers:—

On the 29th August, 1858, I was sent for to see a woman whom I was told had been some hours in labor. On my arrival at 8½ P.M., I was informed that it was her tenth labor; that she had been delivered of eleven children in the previous confinements, having had twins the first and third times. The midwife gave me the following account:—At 4½ P.M., when she was sent for, the labor-pains had commenced, they continued very regularly, and the os uteri dilated to about the size of a half-crown. At 6 o'clock P.M. dilatation was completed, and the head began to descend. It passed the os externum about 7½ o'clock, and, although the pains were very frequent and strong, at the end of an hour there was no further advance; and, perceiving that every effort to aid the delivery was unavailing, she determined upon seeking assistance.

On examination I found the head fully protruded, face swollen, and of a dark livid color; life must have been extinct for some time, and the labor-pains were neither frequent nor strong. Having employed traction several times during the presence of pain, I found that it had no other effect than causing about an inch of the neck to advance. At first

I was under the impression that the difficulty might be owing to an abnormal width of the shoulders; but, on examining, I felt a hand on each side of the sternal end of the neck. Without any difficulty I brought the arms down, which caused the neck to advance as far as the sternum; and, while making a further effort to extract, a second pair of hands protruded. I immediately re-examined, and discovered that a second child was presenting, and apparently connected with that already delivered. I now procured the assistance of my friend Dr. Sutherland, who, on examination, coincided with me in the opinion I had formed. For some time considerable difficulty was encountered in our attempts to deliver. The blunt hook was used and proved inefficient. Eventually however, by digital efforts, we succeeded in bringing down the legs of the first child, which were immediately followed by the body; the face towards pubis at once revealing the point of union. It now remained to bring down the second fœtus, which was also attended with difficulty. The legs were not within reach, but the fore fingers could be made to touch across the back, which was arched forwards. Delivery was accomplished with the aid of a silk handkerchief which was passed round the back, so as to form a loop round the body of the child, whereby I was enabled to exert the requisite traction until extraction was terminated. The body came away feet foremost, accompanied by the placenta. There was only one placenta, it was of immense size, kidney-shaped, and at least twice the natural thickness.

There was but one cord; it was not quite half an inch in length and was more than twice the usual thickness, hardly appearing to leave any interval between the umbilicus and placenta.

External Examination.—This double monster presents the following appearances:—Development seems to be comparatively perfect in one fœtus, while in the other it is deficient in several particulars. For convenience of description I shall designate the more perfectly formed of the two as fœtus A, the other as B.

A. The head, neck, shoulders and arms are natural; the spine, pelvis, and legs normal, with the exception of the right foot, which was clubbed (Talipes varus); external genital organs complete.

B. The head slightly smaller than A; shoulders and arms natural; the spine deficient from about the middle of the dorsal region down to anus, presenting a large tumor measuring transversely 4½ inches, filled with fluid (Hydro-rachitis); the legs nearly natural in shape, except that both feet were clubbed (Talipes varus); generative organs merely rudimentary.

A is 15 inches in length; the circumference of head 13 inches. B is 14 inches in length, and measures not quite 12½ inches around the head.

The union between the two commenced at about the second bone of the sternum, and terminated at the umbilicus, measuring 8½ inches in circumference, and 2 inches in width. The annexed wood-cut will convey a very fair representation of this singular specimen of humanity.

Internal Examination.—The following appearances were ascertained:—The thoracic cavities were perfect and distinct, with a diaphragm in each, no arterial communication existing. The stomachs were regular in shape, each terminating in a duodenum, which latter became fused at the entrance of the ductus communis choledochus; the canal thus formed was continued for a distance of about ten inches, when it became largely dilated, forming a sac of about two inches in diameter, which connected with the anus of fœtus B by a short tube of an inch and a half in length. From this sac the small intestine of fœtus A branched off, was continued a distance of 9 or 10 inches, and terminated in a perfect caput cœcum coli; the large intestines of A then pursued the usual course, and were filled with meconium. B had no large intestine, with the exception of the sac and tube mentioned above.

The livers of both were distinct, but joined by a membrane of areolar tissue at the mesian line. They and the stomachs, with a portion of the intestine, were located in the connecting band.

Dr. Craik is engaged in making a preparation of them for the Museum of the Medical Department of the University of McGill College, to which institution I have presented them. He kindly assisted me in the examination of the internal viscera.

For some time after delivery the patient appeared to be doing well; the uterus contracted firmly; there was no hemorrhage, neither internal nor external; and everything seemed to promise that a favorable recovery might be expected. Owing, however, to her having become accidentally aware of the nature of what had occurred, she appeared to receive a severe mental shock, which prostrated her; and, at the termination of two and a half hours, she was seized with symptoms of syncope, and died in about half an hour. Of this unhappy termination I was the next morning informed, for no intimation of the woman's danger had been given me.

Montreal, *November*, 1858.

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ART. XV.—*Illustrations of the Efficacy of Dr. Kerr's new remedy for Dysentery.* By Thos. F. S. Brown, M.D., Berlin, C. W.

Having in a very severe attack of dysentery experienced the great superiority of a remedy recently introduced by Dr. Kerr of Galt (Calcutta Medical Journal), I deem it my duty to the author and the public to make known the facts of the case.

In August last I was seized with dysentery (it being epidemic in this town). The usual remedies were promptly and skilfully administered; although the quantity of opium (or some of its preparations), combined with judicious doses of mercury, and occasionally acetate of lead, not forgetting ipecac., speedily rose to an equivalent of 21 or even 24 grs. daily,—no amendment took place. I vomited incessantly, and though tormented with thirst, could retain no fluid. In my case, the effect of large doses of opium was prostrating and overpowering, (whatever it may be in the case of others.) I did not sleep at all, but I could scarcely be said to be awake, except to the consciousness of severe pain and frequent calls to rise, agonizing tenesmus, and still frequent vomiting. I had been 10 days ill, and though assiduously and skilfully attended by my friend Dr. Bingham, and was once visited in consultation by a physician of acknowledged standing from Hamilton, nature was sinking, collapse was to be feared, when Dr. Kerr visited me. He immediately, with Dr. Bingham's sanction, gave me 3½ grs. of the following combination Equal parts by weight of

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| One of the | Scrophulariaceae | Digitalis Purpurea. |
| Two " | Solanaceæ | Solanum Dulcamara. |
| | | Datura Stramonium. |
| Three " | Umbelliferæ | Sium Lineare. |
| | | Cicuta Maculata. |
| | | Coniosclinum Canadense. |
| One ' | Papaveraceæ | Opium. |

I confess my incredulity at the time of any superiority of this medicine over those I had taken previously.

I was very restless from a sensation of sinking and severe pain; the stomach, however, for 12 hours previously had been less irritable. In half an hour, after dozing a few minutes, I became suddenly aware of a great change, I could lie quiet, the distressing tenesmus was less, pain in body and limbs less severe, the sensation of sinking was relieved, a glow of warmth was supplanting the cold of threatened collapse, and an inclination to sleep, not experienced before during my illness, was stealing over me. The first thought was amazement at the change, then a faint recollection of a new medicine crossed my mind, and I resigned myself to its influence. I was immediately asleep, and for an hour and a-half had a comfortable and refreshing sleep, unaccompanied, comparatively speaking, with the sensorial disturbance so constant a result of opium and other preparations in my case. When I awoke every symptom was relieved. Seven grains were given once in six hours (being one grain of each) or one grain of opium instead of four or six in the same space of time. I spent the first 24 hours almost wholly in sleep. Calls to rise were still frequent, but the tenesmus less severe, and though I retched a few times, vomiting ceased. In a few days appetite began to return, but having for six or seven years laboured under dyspeptic attacks, nearly, but not strictly periodical, of a severe and intractable form, I thought possibly owing to this circumstance the stools continued more frequent than I could have wished. A few grs. Acet. Plumbi, in addition to Dr. Kerr's remedies, soon set all right in that respect. I may state that before trying the last addition I increased the frequency of Dr. K's. medicine to four hours instead of six, when the digitalis (being now six grains daily) produced its powerful sedative, in addition to its diuretic effects, requiring the leaving out for some days that ingredient, to be returned to after some four days, but only half the quantity. I was able to sit up on the 35th day and to walk out on the 40th.

During 12 years practice I never in the treatment of dysentery met with a narcotic to be compared with Dr. K's. combination in relieving general irritability, pain, and above all, nausea and vomiting. It produces a wonderful degree of comfort, unattended by sensorial disturbance. From 30 minutes after the first dose was taken, which contained but half a grain of each ingredient, my suffering was comparatively nothing. Little hopes were entertained of my recovery previous to the first dose, but they became sanguine before I had taken the third. I am now quite recovered, and I trust with very considerable improvement in my stomach complaint before mentioned, during the attacks of which

every article of food, of whatever kind, became intensely acid, and had to be vomited before relief could be obtained. No medicine did any permanent good; sometimes for ten days nothing could be taken, or if taken could not be retained. I certainly must say that I have felt less of stomachic disorder since my recovery than during any like period for the past six or seven years. Should this prove to be the effect of Dr. K's. combination (and I have reason to think so) it will add greatly to its importance as a remedy.

My friend, Dr. Bingham, adds the following testimony :—

It is with much pleasure that I add my testimony to that of Dr. Brown in favour of the very remarkable powers of Dr. Kerr's narcotic powder.

After closely observing its effects in the case of Dr. Brown, I had an opportunity to test its merits in six cases, one of which was somewhat similar, although none of them were nearly so severe nor protacted as his. The first patient to whom I administered it was a child some three years of age who had been suffering very severely from tenesmus and the muco-bloody discharges peculiar to the disease, for four or five days, with but few or no flattering symptoms of amendment, although the usual remedies prescribed in such cases, viz., calomel, opium, ipecac, and acet. lead had been steadily persevered in from the time I first visited the patient. Immediately after giving the powder to the child the first time, the pain was very greatly relieved, and through the subsequent employment of the remedy, regularly continued, the little patient suffered a very trifling amount of pain until the termination of the disease, which however did not occur until after the lapse of some two or three weeks from the time of invasion.

The calomel administered upon my first visiting the patient produced a degree of ptyalism I had neither anticipated nor desired, and to this circumstance, I very frankly admit, I attributed in a great measure the protracted character of the case.

The second case in which I employed Dr. Kerr's combination, was that of a lady recently confined with her fourth child, who had been suffering severely not only from the general symptoms of the disease, but also from nausea and delirium, which latter symptom, however, had only been present for a few hours before I saw her, the invasion having occurred some four or five days previously, from which time up to the hour I saw her she had been testing the efficacy of all kinds of domestic remedies, among which as I was informed was a strong infusion of peach leaves. In this case, the first dose was given at bed time, and the pa

tient slept soundly until morning. Before its administration the stools were attended with great pain, and occurred as frequently as every half hour. In three days from the time I first saw her she pronounced herself quite well.

In three out of the four remaining cases it was the only remedy prescribed (the patients being children of the respective ages of two, eight, and twelve years), and with the most speedy and flattering results. In the sixth and last case in which I had an opportunity to try Dr. Kerr's remedy, the patient was not confined to bed at all, although suffering pretty severely, but he could not be prevailed upon to remain quietly in the house, while he persisted in eating whatever he felt inclined to take as diet, and the case ran on for some two weeks, although to a favourable termination.

An officer who was for some fifteen years a resident in India, and who has seen a good deal of dysentery in both India and Canada among the troops, recently stated in a letter that he succeeded in curing four cases of the disease with Dr. Kerr's powder, one of them his sister, in whose case the discharges were distinctly hemorrhagic and alarming.

[We have been favored with the perusal of a letter from Mr. Lockhart, late of Lockhart & Louson, of this city. He relates that when crossing the Atlantic in the steamer "Edinburgh," last July, he was seized with dysentery, which altogether resisted the efforts of the surgeon to cure it. On the sixth day, he recollected a small packet of Dr. Kerr's medicine in his possession. Recovery commenced with, and was completed by its use.

We learn that Dr. Kerr looks upon the arithmetical series of the three natural orders containing the plants specified, as the curative agent of the ulcers of the mucous membrane in dysentery, the small quantity of opium being added to check the frequency of the discharges. He further believes that the efficacy of the medicine is not confined to dysentery; but will be found to extend to affections of the mucous membrane elsewhere, such as the sore throat of scarlatina—*Eds. Med. Chron.*]

# REVIEWS.

ART. XIII.—*Diseases of the Urinary Organs.* A Compendium of their Diagnosis, Pathology and Treatment. By William Wallace Morland, M.D., Fellow of the Massachusetts Medical Society; Member of the Boston Society for Medical Improvement; One of the Attending Surgeons at the Central Office of the Boston Dispensary, &c., with Illustrations. Philadelphia: Blanchard and Lea. Montreal: B. Dawson and Son. Quebec: Middleton and Dawson, 1858. pp. 579.

Few of the publications that issue from the medical press are entitled to the rank of specimens of elegant composition. Nay, even good writing is not much cultivated by the majority of professional authors. These are things to be deplored. Fortunately, in general the defects as well as imperfections in style and in expression are not of so conspicuous an order as to arrest the mind of ordinary readers; while commonly a species of uniformity is found to pervade the mass of productions most likely to be consulted, which prevents what would otherwise be singular from being noticed. Occasionally, however, it is otherwise, and then faults are so glaring and so gross, as to be evident even to superficial or humble observers, such as ourselves. An example of this is furnished in the work above named, and from it we have chosen a few instances by way of illustration. Speaking of cancer of the kidney, Dr. Morland remarks :—

"Propagation by contiguity is not uncommon, as from the liver to the right side of the kidney; from stomachal or intestinal contact (those organs being diseased) with the left.

It is the latter part of the sentence, the part posterior, as an anatomist would say, to the semicolon, we are struck by. A reference is there made, in parenthesis, to certain organs which we do not find any where specified more precisely than by the vague intention which the words preceding contain. Their reference "stomachal or intestinal" not signifying, properly speaking, any organ, but on the contrary something pertaining to or relating to the stomach or intestine, and which is here explained as contact. We hold that neither a reference nor a relation is an organ.

Again, in the same page it is said—

"Hæmaturia occurs in variable degree in renal cancer. If abundant, it may plug the ureters."

Here there is a confusion made of an act and its product. The act (Hæmaturia) cannot plug the ureters; but its product (extravasated blood) may. The continuance of the act implies that the escaping material is in a fluid condition, and in this state forms no mechanical obstacle; for, admitting it to be poured forth in quantity so abundant and so quickly as to fill up the urinary reservoir with its aqueducts, the distention would provoke contraction, and the whole would be speedily afterwards expelled. Where, however, the bleeding is in less quantity, it is not improbable a portion of the liquid may be so circumstanced as to undergo coagulation, and the clot becoming entangled with the mucous lining may constitute a veritable obstruction and so plug the ureters. But this is altogether different from what is to be made out of the superjacent extract. There, instead of the physical occurrence being ascribed to its real cause, the product effused; it is expressly spoken of as due to the act of hœmorrhage itself since this (hæmaturia) forms the nominative throughout.

Leaving this, our next inspection opens up a nest of curiosities, some dull, some meaningless, some perverse, some stinted.

"*Differential diagnosis.* Cancerous tumor of the kidney may be supposed, when the enlargement is of the *liver*. The renal swelling however, if there be no anatomical displacement, is in the lumbar region. * * * * An enlarged kidney is not moveable; were the tumor of splenic origin it would extend higher up into the chest and its anterior, notched edge is frequently distinguishable."

Now we ask, what is meant by the first declaration? "*Cancerous tumor of the kidney may be supposed, when the enlargement is of the liver.*" Are we right or are we wrong in understanding thereby that in a given case when the liver has been found enlarged, cancer may be suspected to exist in the kidney, in other words, that cancer of the kidney is denoted by an enlargement of the liver. If we are wrong in this deduction, how are we to know it—how are we to ascertain this is not what the writer implies? He evidently considers his statement self-expressive, for the context does not seem to render it more lucid and certainly not more impenetrable. But if we are right, can we believe the author to be serious and truthful, or shall we not rather hold him guilty of perpetrating a preposterous absurdity in the face of simple honesty. Enlargement of the liver a diagnostic sign of a Cancerous Kidney! Incredible!! Prodigious!!!

The second sentence is also mystical. Taking the aid afforded by the commas, and eclipsing what they include within their em-

brasure, we read this trite truth. "The renal swelling is in the lumbar region." That is true, but, as we have said, it is a trite truth. We believe the kidneys always lie in that locality, and we know of no instance where they were ever found in any other as the epigastric,—thus, by our selection, imitating the author in his loose style. With this conviction of the prevalent situation of these important glands; we are confirmed in the further idea that the expression within the commas can have no reference to them, and is one representing really, what it appears to be, a general provision. Accordingly we may go on to think that the above relation is only in the normal condition of the system, and that when this unhappily becomes disordered as by "an anatomical displacement" then the rule ceases to be of force. And as the "displacement" is cut off from immediate connection with the "renal swelling" it does not necessarily concern any deviation in the position of this tumor, but on the contrary, being general, it has a universal or "anatomical" reference to any one of the numerous parts of the body. Under which interesting admission, the legitimate inference is, by application, that a displacement of the shoulder joint, which is strictly anatomical, or any such accident, must entail a corresponding difference in the situation of the renal tumor! Believing the author to be above desiring to impart such decidedly *unsound* teaching, we must considerately give him credit for wishing to convey some other intelligence than that now drawn from his words. Still we think he will concur with us in considering it to be a matter of deep regret that he should have penned them so uncertainly as to allow of the possibility of such a signification being put upon them; of course to the educated, the sentence may not have serious difficulties, aware of what should be averred, a more right view may be taken for granted. Yet, it is far otherwise with the uninformed: let one not versant in medical attainments read the passage thus commented on, and who shall say his ideas will not accord with our exposition.

In the last paragraph there is also another example of the mischief of bad writing. It is observed that, "were the tumor of splenic origin it would extend higher up into the chest." We cannot certainly suppose a person who undertakes to publish a monograph on the urinary organs is so ignorant as not to know that the spleen is not situated in the chest. Yet, if we are to judge of him by his language, what other import is to be put upon it. In what occurs there is nothing to warrant any other conclusion than that the spleen being naturally in the chest, its relative position becomes somewhat elevated by the enlargement, and so occupies a higher place

within this cavity, or, as above quoted, it "extends higher up." Observe it is not said the organ is nearer to the chest, or encroaches upon it; but that it is actually "into the chest," or, in equally significant words, that it is *within* the chest. We cannot believe the author to be as ignorant of anatomy as he labours to describe himself, and therefore we would throw the odium entirely upon the clumsy, inelegant manner of his diction. We refrain here from marking grammatical errors, our business is rather to show the false impressions which his mal-compositions convey.

Still another:—

"The *form* of the blood often reveals its source."

The blood as a perfect whole, such as implied when the word is unqualified by any other, has no form, nor can it have any. It is absolutely amorphous, and therefore to speak of its form is folly. We admit that various *parts* of the blood have a definite shape, but these do not justify the statement, for of these parts, which are we to suppose is referred to; is it the red corpuscules? or if not these, is it the white globules? or if not these, is it the crassamentum into which, by rest, blood separates? or if not this, is it fibrin, disentangled from other components, which has solidified and been moulded to the reservoir wherein it lies? or if not this, is it an albumino-plastic exudation derived from the circulating mass? And if, by happy adventure, the right portion has been hit upon, if one of these be the thing meant and not another, upon what propriety can the general term *blood* be devoted to it? These are questions which it will require some ingenuity to answer, so as to establish the right of the author to put forth his loose appellation; for it will have to be shewn that a part may denote the whole, and that, though that part be likely to be counfounded with other parts, it is comprehensible simply from a nonentity, an unsignified intention.

Occasionally Dr. M. varies his style with a word borrowed from one of the dead languages; the introduction however strikes us as not being always of the most felicitous character. In enumerating the symptoms of the lesion under notice, after a full pause, he opens out into a classical air by saying—

"The *facies* of the patient is peculiarly anxious."—

Leaving it to be settled whether a shorter word in the vernacular would not have been more euphonious and less pedantic.

Against some of his combinations of words we must enter our protest, even though we have to depart from the field to which we had formerly restricted ourselves—as, for instance, "*was supposed causative*," and

"comparatively *quite* rare," and such sort, that belong to the same category, with incorrect phrases like "many years previous to," "covered with a scant growth," &c.

To unreflecting minds it may seem a subject of indifference whether one style or another be adopted in writing medical works, but a little consideration would undeceive them. As we have shewn, the composition may be so perverse or misty as to imply to the reader one sense, while the author designed an entirely different one to be understood. Medicine is a learned profession, and those who write for the instruction or improvement of its votaries ought surely not to appear unlearned;—otherwise, where is their competency or adequacy to discharge the task they have undertaken? No man having the ability will be indifferent to his language, for experience teaches that the same substance or subject may be rendered *nauseous* or *agreeable* according to the style and form in which it is dressed or treated. Raw food is obnoxious to the cultivated palate, nor can it be assimilated without danger; but the same article when nicely cooked has its digestibility increased, and may be esteemed a delicacy. It is precisely so with literary efforts: rough stuff will be bolted, while the polished will be received kindly. In common hand-books a formal, stiff, descriptive style may be tolerable, because conventionally accepted; but in books of a higher order, such as the practitioner requires to consult, wherein he may read the clinical history of disease and learn the experience of predecessors, the diction should be of a far higher cast: and the more strictly correct it is, as well as the more adorned, so in proportion will the matter be recommended to the mind of the reader, both by a more ready acquisition and by a more enduring recollection.

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ART. XIV.—*A Manual of Medical Diagnosis.* Being an analysis of the signs and symptoms of disease. By A. W. Barclay, M. D., Cantab. et Edin., Fellow of the Royal College of Physicians, Assistant Physician to St. George's Hospital, &c. &c. Philadelphia: Blanchard & Lea. Montreal: B. Dawson & Son. Quebec: Middleton & Dawson. 1858. pp. 423.

The object of the present manual, so far as we have been able to ascertain, is not, as might be inferred from its title, to set forth the symptoms of distinction between analogous affections nor to enter upon the differential features that subsist between them; but rather, on the contrary, to impart instruction upon the best procedures to be instituted in individual cases of disease, with a view of discovering their true nature

and real seat. Accordingly it affords expositions of the various examinations that require to be pursued in determining the value of the indications that meet the inquirer in his investigations into matters of clinical study. Attention is directed to the principal points that require to be considered, and the chief sources from which knowledge is to be derived are expatiated upon. The comparative value of different signs and modes of examination is, where required, brought prominently before the eye, and the entire description so arranged as to lead to the most complete establishment of the diagnosis of which the present state of science permits. This work is therefore one which will be found especially useful to the Hospital Student, Chef de Clinique, and indeed to all who are not experts by method or by practice in the art of which it treats. It is, as the preface states, a "guide to the systematic investigation of cases in the wards of the hospital." The plan upon which it is modelled is similar to one that Dr. Barclay followed in "more than 12,000 patients" with whose particulars he was called upon to be familiar while serving in the capacity of Medical Registrar of St. George's Hospital, London. It contains 35 chapters; of these the initiatory ones are upon the method of diagnosis, duration and sequence of phenomena, and general condition of the patient; they are preceded by an introduction in which several general topics are briefly discussed, as, the province of diagnosis, error of pathognomonic signs, compound causes, etc. The greater number of the remaining chapters are engrossed with special diseases, either general or local, in classes or alone; while separate chapters are, in addition, devoted to several co-related matters, as, the general examination of regions and organs, semeiology of diseases of the brain, examination of the chest, modifications of normal breath and voice sound and of percussion resonance, superadded sounds in their relation to altered breath and voice sounds, examination of the heart, and examination of the urine. We have been so favourably impressed with the scope of this volume and with the ability of its execution that we should like to see it in the hands of every student, be he young or old, and, still better, every one mastering its teachings. We regard it as an important addition to medical literature, meeting a necessity which, we believe, existed in our language, and presenting novel features to the ordinary English books that have been published on the subject of disease. It is essentially practical in its tendencies, and well calculated to assist the medical inquirer in the various researches he is expected to prosecute.

ART XV.—*Concentrated Organic Medicines.* Being a practical exposition of the Therapeutic properties and Clinic employment of the combined proximate Medicinal constituents of Indigenous and Foreign Plants. To which is added a brief history of crude inorganic remedies, constituents of plants, concentrated medicines, officasial preparations, etc., etc. By Grover Coe, M.D. Published by B. Keith & Co., New York, 1858. pp. 432.

The reader might imagine from a perusal of the title, which is quoted above *in extenso*, the work to which it referred was one of a most valuable character. Let him not be deceived. "The combined proximate medicinal constituents of indigenous and foreign plants" upon which it professes to treat are, in plain speaking, preparations of certain remedies in use among Thomsonian, or cayenne-fire and lobelia-puke doctors, the gentlemen who rejoice in a self-inaugurated Eclecticism. These compounds have all very fine names, as a few examples will serve to shew, to wit: asclepin, ampelopsin, alnuin, apocynin, baptisin, cypripedin, chimaphilin, caulophyllin, etc. No information, so far as we can find, is laid down upon the method of manufacturing them; that part of the subject appears to have been purposely kept enshrouded in impenetrable forgetfulness or oblivion. Great pains are however taken to sound forth the praises of the articles as they are made by Messrs. Keith & Co., and in this consists the "practical exposition of the therapeutic properties and clinic employment" of these irregular and defective chemicals. It is very evident to us, and we presume would be equally so to any one else who condescended to look into this "exposition", that the articles therein be-lauded are to be procured from these proprietors, than whom, for aught that appears to the contrary, there are no other vendors. Most rightly is it styled "practical," for its tendency is to invite the purchase of the proffered articles, and to serve as a new kind of advertisement, adding one more to the dodges of trade for which certain classes in American society have acquired an unenviable fame. We had almost forgotten to remark that the work is rendered yet more attractive by illustrations. Both editor and publisher have handed down to posterity their veritable likenesses. Dr. Coe figures in the frontispiece—Dr. B. Keith just in front of the page (109) which enlarges upon his "enterprise, energy and industry." We have no hesitation in saying the portraits of these two worthies are most striking! and represent very remarkable characters!! men of whom it might, in every sense, be said, they were *no* ornaments to the profession whose title they appropriate!!!

ART. XVI.—*Lectures on the Principles and Practice of Physic, delivered at King's College, London.* By Thomas Watson, M. D., Fellow of the Royal College of Physicians; late Physician to the Middlesex Hospital, and formerly Fellow of St. John's College, Cambridge. A new American, from the last revised and enlarged English edition. With additions by D. Francis Condie, M.D., Fellow of the College of Physicians of Philadelphia, Member of the American Philosophical Society, etc., etc. With one hundred and eighty-five illustrations on wood. Pp. 1224. 1858. Philadelphia: Blanchard & Lea. Montreal: B. Dawson & Son. Quebec: Middleton & Dawson.

The numerous and important additions which of late years have been made to the science of Medicine, rendered a new edition of this favorite work a thing much to be desired. In the words of the preface, "in the fourth London edition, of which the present volume is a re-print, the lectures of Dr. Watson have undergone a thorough revision, and whatever of value recent research has added to our stock of knowledge in the various departments of medical science has been carefully incorporated in them. The lectures, on fever especially, have been greatly enlarged and improved; the positive distinctions that have been insisted upon by eminent pathologists between typhus and typhoid fevers are recognized as being founded on truth. The extent of these additions is shewn by the fact, that, notwithstanding a very considerable enlargement in the size of the page, the work has been increased by about two hundred pages. The very full and accurate exposition of the present state of pathology and therapeutics, in reference to the diseases embraced in these lectures, has rendered it necessary to augment materially the size of the work by frequent or extensive additions. In regard to a few of the forms of disease more particularly interesting to the American physician, the account given by the author will be found somewhat defective, while he has omitted to notice one or two affections endemic to the United States. It is to remedy these deficiencies that the Editor, in preparing the present edition, has mainly directed his attention." Each of our readers will find it to his advantage to provide himself with the new edition of Watson.

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ART. XVII.—*A Practical Treatise on the Causes, Symptoms and Treatment of Spermatorrhœa.* By M. Lallemand, formerly Professor of Clinical Surgery at the University of Montpellier, etc. Translated and edited by Henry J. McDougall, member of the Royal College

of Surgeons of England, etc., etc. Third American edition. To which is added: On Diseases of the Vesiculæ Seminales, and their associated organs; with special reference to the morbid secretions of the Prostatic and Urethral Mucous Membrane. By Morris Wilson, M.D. Pp. 380. 1858. Philadelphia: Blanchard & Lea. Montreal: B. Dawson & Son. Quebec: Middleton & Dawson.

Much distress of mind, misery and sickness, might be prevented were physicians to study more particularly everything relating to the abuse of the generative organs. Many appear to have such an antipathy to the subject, that it leads them to ignore entirely facts which are patent to their eyes, and which meet them at every turn. Masturbation and other forms of abuse prevail most extensively amongst the youth in our educational institutions, and even those who have been kept sedulously within the precincts of home are not exempt from the vicious habit. To every practioner who has not made himself acquainted with what is known regarding self-abuse, spermatorrhœa, &c., we cordially recommend this work of M. Lallemand's; which is, undoubtedly, the best and most complete work on the subject that has ever been published.

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ART. XVIII.—*A System of Human Anatomy, General and Special* By Erasmus Wilson, F.R.S., author of "The Dissector's Manual," "A Treatise on Diseases of the Skin," &c. A new and improved American, from an enlarged London edition. Edited by William H. Gobrecht, M.D., Professor of Anatomy in the Philadelphia College of Medicine, Fellow of the College of Physicians of Philadelphia, etc. With three hundred and ninety-seven illustrations on wood. Pp. 616. 1858. Philadelphia: Blanchard & Lea. Montreal: B. Dawson & Son. Quebec: Middleton & Dawson.

"The present edition has been carefully revised and corrected; many parts, especially those relating to Histological Anatomy, have been rewritten, and a considerable addition has been made to the number of the wood-cuts. The author, therefore, feels some confidence and satisfaction in presenting this edition to his readers; and trusts that the Anatomist's Vade Mecum may continue to deserve the favour which it has hitherto received at the hands of the student of medicine." Notwithstanding the number of competitors that have entered the lists to win the favour of the student, Wilson's Vade Mecum still remains in his estimation *the* text-book on Anatomy.

## CLINICAL LECTURE.

(*Medical Circular.*)

*On Severe Compound Fractures of the Thigh and the Diagnosis of Ruptured Blood Vessels in such cases.* By Edward Stanley Esq. F.R.C.S., F.R.S., &c., Surgeon to St. Bartholomew's Hospital.

Gentlemen,—I am nearly sure you will all agree with me, now that we have fairly commenced our clinical cases and reports for the new Session, that there are two most essential modes of gaining surgical knowledge—observation of surgical cases and reading; and by reading I would wish to include the taking of notes and comparing of your notes in manuscript with your class-books; you must, I say, not only observe cases and keep on a level with existing improvements, but you must retain in your memory for practice hereafter what is thus taught. Opposite advice is occasionally given in journals, but when you recollect that hospital cases are continually following one another in your memory and fading away out of your memory you will agree with me that the truly industrious student is he who takes notes of cases in large numbers! But some one asks—"Is he to take notes of all the cases?" Oh! dear no! he is to select such cases only as illustrate great or primary surgical principles; let it be either as regards hernia, amputations, injuries of arteries, &c. Such note-books will be of great value to you in after-life. I began note-taking myself when I was a year in this hospital, and I find these notes most valuable to me every year still. Your own manuscript notes bring back the details of cases to your memory in a much more vivid manner than to have to hunt up cases in printed volumes. I would advise each of you to get a "common-place book," like the one I now show you; it is on the plan recommended by the celebrated Mr. Locke, whose works are in the Library.—[Mr. Stanley caused immense amusement by gravely turning this curious old manuscript relic out of a paper cover, when it partly fell to pieces in a peculiarly common-place way, though full of invaluable notes of good Mr. Abernethy's times—its prescriptions rich in suggestions, or as Hudibras has it,—

"Deep-stored with deletory medicines
That whoso'er took is dead since."]

Well, I propose to-day to speak again of a case admitted a year ago into the hospital—I mean that boy now in "Bentley's" ward; he has been up and about. I think I see some one gentleman or two amongst

the 150 now listening to me who took notes of this case; they will remember its chief characteristics* The case is headed in my note-book.

### Compound Fracture of Right Thigh and Severe Injury of Opposite Limb.

Followed by another essential particular—temporary cessation of pulsation in the arteries of the punctured limb. The boy is ten years of age, and it seems his legs got under the wheel of a waggon, or amongst the spokes of the wheels. Yes, just so, compound fracture of the right femur, and a condition when the boy was brought almost immediately to the hospital that the house-surgeon looked upon it as almost a hopeless case, in which gangrene might immediately be expected to set in; the pulse at the wrist was scarcely perceptible: both limbs appeared severely contused, and much blood had oozed out and become infiltrated in the right thigh, near and around the wound. Several persons who saw the boy on his admission were unable to find pulsation in the arteries of this limb. The boy was very much exhausted; and, in short, I was sent for at night to amputate as it was then believed to be compound fracture with the femoral artery torn through from the injury. When I arrived I found the lad lying in a state of most sad and complete collapse, nearly pulseless, and in a condition. as regarded the fractured thigh, that left one little room for hope of any kind; still I had some little hope, for I thought, after a little, I could detect the shadow of a shade of pulsation in the limb. When a half hour had elapsed this little twinkle of a pulse was still more marked, and to make a short story of a long one, as the collapse passed away the pulsation gradually returned, and we had now at length a hope not only that we could, perhaps, save the boy's life but his limb.

Now, you will say how is this cessation of pulse accounted for and its gradual restoration. Well, I believe there are two different modes in which pulsation may be impeded, and again set going. One is, that in the "smash" made of the thigh by a great waggon wheel, one of the fragments of the bone becomes impacted in some manner, and mecha-

* Mr. Stanley here referred, we believe, to the former part of the history of this case, given in the 'Medical Circular'—(Nov. 4, 1857)—Mr. Stanley, of necessity, being obliged to read over the notes of the case as then printed in this Journal and in this alone, we believe, of all our London Journals. The remarkable character of the case may be conceived from the fact that this is the second "Clinical" delivered by Mr. Stanley on this one case alone, and many leading London surgeons have come to see the patient.—*Medical Journal Note.*

nically presses on the femoral artery; that then, by ordinary manipulation of the limb, aye or by merely lifting the boy on to the operating-table, this piece of bone gets displaced again, thus setting the artery free. Thus, simple temporary compression of the vessel may mislead the surgeon, and I would advise you in private practice to take care of this. The other explanation is that simple "contusion" of the arterial coats without laceration may have stopped the current in the femoral. I have seen this in other arteries, but the practical rule I wish now to impress on you is this, that except signs of gangrene be established in such cases the surgeon is not justified in the diagnosis of ruptured or lacerated artery. These may appear points of rather trivial importance to you, but you see the life of a fellow-creature depends on a good diagnosis.

Now, as to the other limb or knee: you know the knee became inflamed and suppurated, and I was obliged to make an opening which gave exit to several ounces of matter from the joint; this part subsequently became anchylosed, and not at a very serviceable angle, yet I do not like to expose this boy again to accidents of chloroform or ether inhalation in order to bend it. The lad is a perfect curiosity of what a let alone system of surgery may do; there is some dead bone to come away, and even that, as it does not seem loose, I am unwilling to meddle with; that dead bone has taken a year to become detached, but it is still fixed, and I think it good surgery still to do nothing but wait.

Now, I think I cannot do better than contrast that case with another we have had in the hospital, the counterpart of various cases in this, my note-book or "common-place" book, I referred to at the commencement of the lecture. The case is marked "Traumatic Gangrene" of leg from injury of the popliteal vessels, too clearly marked, as the gangrene came on a few hours after the accident. This case is that of another lad, aged nine years, playing in the street, and as he was suddenly turning his body to run away, as in "cricket," a heavy body fell on the back of his knee, injuring the delicate vessels in that situation. He was carried to hospital an hour after the occurrence; the poor lad was then utterly prostrate, but mark the notes of the case: "The skin of the limb is mottled and cold," says the note-book; "no pulsation is to be felt in either of the tibial arteries; the posterior part of the knee or popliteal region is swelled, and one or two punctures with a lancet gave exit to a mere drop of blood quite black. As the swelling seemed to spread up the limb we decided on amputation;" some cold brandy and water was given to the lad, and we feared to use chloroform, but as this form of stimulus seemed to revive him, we gave him a little more and then a few cautious "whiffs" of chloroform, and I succeeded finally in taking off the limb, but the chief

point in the case to which I wish to draw your attention is the state of the vessels; both the vein and artery were ruptured, and the mouths of these vessels retracted. Here, unfortunately, there could be no second opinion according to our present canons of good surgery as to taking off the limb. This is a class of cases you will probably meet, any of you who go into the army, and the entire gravity of a gun-shot wound may depend upon the fact whether along with a bone the adjacent vessels may be involved in the wound; if gangrene unfortunately should supervene in any such cases, your course of procedure must be such as I have indicated, but still such cases, as you see, require the utmost caution and attention.

## Traumatic Injuries of the Urethra.

There is a man at present in "Kenton" ward, whose case offers several particulars of interest. This man has suffered from an injury of his urethra and perineum, You probably know that a blow on the perineum, as in a man falling straddle-wise on a gate or paling, is likely to be followed by symptoms of rupture of the urethra usually in the spongy portion of that canal, or at the junction of the spongy and membranous portion as the urethra traverses or crosses the triangular ligament. Now this is a class of case you will be meeting very often in practice. What do you find? This man has very severe pain in the perineum (for the urethra is a highly-organised part); there was a trickling of drops of blood from the urethra itself, especially where the corpus spongiosum is injured. What next? The bladder, unfortunately, will empty itself, or have a tendency to empty itself into the part injured, and *retention of urine* is almost sure to follow as a symptom. Effusion, however, I must tell you, is not an ordinary result of such cases: a catheter is passed for the "retention," and probably all goes well. Well, suppose retention to go on to a great extent, what is the result. Now, a great practical fact is this, that rupture of the bladder seldom or never occurs in such instances; rupture of this viscus seldom or never occurs either in females or children; it is quite true that by direct violence such mischief, as almost any surgical mishap may occur. A man may have a drunken "bout," and get intensely drunk and stupified, and going out of a dark night tumble down the steps of a hall-door, or fall over a plank, or into a sand-pit his bladder being very full at the time, or he may fall off an omnibus when very drunk in the evening. In such instances the direct violence may destroy this viscus, but otherwise the accident is rare, and you will very seldom see it even in this large hospital. The patient tells us he is forty-six years of

age; it seems he was engaged in a squabble with a policeman, when the perineum was forcibly struck or injured, and next morning as he could not pass water, he was brought to Mr. Paget at the hospital, who at once with his characteristic skill and prudence, passed a catheter and recommended the man to come into the hospital. Some surgeons say that in such a case you should cut down at once and open the urethra, but this is not neccessary. Mr. Paget removed the catheter with some fear and trembling in a fortnight after and the man had done very well. The great practical fact is, that you must keep a catheter in the part until the tissues are completely healed and quiet; and if you do this, I think you need not have recourse to any more formidable operation, such as cutting open the urethra.

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## THERAPEUTICAL RECORD.

*Treatment of boils.*—The following mixture as an aperient tonic is the one usually prescribed for patients suffering with boils: ℞ Sulphate of magnesia ℥ iij, sulphate of iron ʒ ij, dilute sulphuric acid ♏ ss, diluted with infusion of quassia to a pint in quantity. Of this the dose is from two to four drachms three times daily taken in water. Locally each boil is touched with a glass brush dipped in the nitrate of mercury solution, and is subsequently dressed with an ointment containing a small proportion of the ammonio-chloride, or some similar salt of mercury.

*Treatment of eczema of the scalp and face in children.*—A fair-haired, blue-eyed child, aged two years, was admitted with that so common and so troublesome form of eczema in which the whole face and scalp are involved, but the rest of the surface free. It had suffered since the age of six months, but excepting the irritation of the eruption its general health was not interfered with. Mr. Startin ordered as follows: Misturæ potassii iodid. ℥ j, aq. ℥ v; capt. ʒ j, ter in die. The surface to be washed with the yolk of egg and water, and smeared with the nitric oxide of mercury ointment. Rapid improvement ensued in this individual case; and it may be taken as a fair illustration of the treatment usually adopted. In obstinate cases the compound iodide mixture, which contains arsenic, is often employed.

The formulæ for the above mentioned preparations are—of the mixture—a drachm of iodine, an ounce of liquor potassæ, and a pint of distilled water, each drachm containing half a grain of iodine. (See page 26.) Of the liniment—olive oil, two ounces; lard, two ounces; powdered nitric oxide of mercury, a drachm; oil of bitter almonds, half a scruple: and glycerine, ʒ j

*Prescription for impetigo figurata.*—A cachetic boy, aged three, was brought to the hospital with scattered patches of impetigo figurata over the whole body,

more particularly at the flexures of the joints. He was ordered to bathe all the inflamed parts with the dilute nitric acid lotion, to apply the compound mercurial ointment to all excoriations and ulcers, and to take three times daily a teaspoonful of the following mixture; ℞ Mist. hydr. co. ℥ j, tinct. opii, ʒ j, aquæ ad. ℥ vj. Ft mistura. (The mist. hydr. co. contains a tenth of a grain of the bi-chloride of mercury, and a fortieth of a grain of arsenious acid in every drachm.

The formula for the dilute nitric acid lotion is half an ounce of dilute nitric acid, and two drachms of tincture of myrrh, to a pint of water. Mr. Startin considers it quite as efficacious as the hydrocyanic acid lotion in relieving itching, while it is of course far less expensive. The "compound mercurial ointment" is made by mixing six grains of the ammonio-chloride, and six of nitric oxide with an ounce of lard.

*Treatment of the different forms of acne.*—In acne rosacea, and acne simplex, the acid solution of iron in half ounce doses is usually ordered, while for the tubercular form Mr. Startin places more confidence in the iodide of iron. The latter is generally given in from one to two grain doses. Malt liquors are strictly prohibited in all cases. In almost all the local use of the red lotion is directed, and any larger pustules or tubercles, which may be observed from time to time, are touched on their apices with the acid nitrate of mercury solution. In addition to these remedies the direction is mostly given to be particular in squeezing out the contents of the distended follicles as soon as they become perceptible.

The "acid solution of iron" is made by dissolving three ounces of Epsom salts, and two drachms of sulphate of iron, in half an ounce of dilute sulphuric acid, and a pint of infusion of quassia. The "red lotion" conststs of two scruples of the bi-chloride of mercury, one of the bi-sulphuret, and ten minims of creosote, in a pint of water; each ounce containing two grains of the bi-chloride.

*Alkaline treatment in glucosuria.*—We notice, in the Union Médicale, reports of five cases of diabetes cured, or much benefited, by the use of mineral waters of Pouges, in France (which contained the carbonates of soda, lime and magnesia), under the care of Dr. De Crozant. He considers the affection to result most frequently from disease of the liver, which opposes the passage of the glucose derived from the starch in food, causing it to be taken up by the supplementary abdominal circulation, which conveys it to the kidneys.

# PERISCOPE.

*The Antagonism of Opium and Quinia.* By M. Gubler.

M. Gubler read a paper before the Société Médicale des Hôpitaux de Paris, on the antagonism between opium and sulphate of quinia, of which the following is a synopsis condensed from the summary published in "L'Union Medicale" of May 20, 1858. Being unwell himself, M. Gubler took sulph. quinia in 0.50 centigrammes doses only, and was struck with the fact that they produced humming in the left ear only, although his hearing is equally good on both sides. This peculiar effect occurred three days in succession. As at that time he suffered from a headache, which was most violent on the right side—on which side it is always greatest in M. G.—he was led to suppose that the evident congestion on the right side neutralized the effect of the quinia, which effect M. G. considered due to the privation of the brain of blood (anémier l'encephale décongestionner le cerveau), the removal of congestion of the brain. M. G. having recovered his health, resumed his attendance in the wards of the hospital. He there saw a case of acute articular rheumatism, in which large doses of sulph. quinia and opium had been administered for several days without success. M. G. continued the dose of sulph. quinia—i. e. 1 gramme 50 centigrammes, with 0.25 centigrammes of extract of opium. Finding that the peculiar therapeutical effects of both remedies were entirely wanting, he increased the dose of sulph. quinia and diminished that of the opiate, without, however, any better success.

Lastly, he left out the opium altogether, and gave 1 gramme 50 centigrammes of sulph. quinia alone, which produced, in the most marked manner, the peculiar remedial effects of that drug. And from that time the rheumatism diminished rapidly and markedly. This and other subsequent cases of the same nature confirmed him in his belief that opium was antagonistical to sulph. quinia, or, so to speak, its antidote.

M. Gubler enunciates his particular views of the modus operandi of opium and sulph. quinia. According to him, opium produces congestion and hyperæmia, while its antagonist, sulph. quinia, produces anæmia and dissipated congestion—(anémie et décongestionne).

The following are the conclusions of M. Gubler:

1. Inversely to opium, which exalts organic action, producing sanguineous congestion and caloricity, sulph. of quinine acts on the nervous system, by condensing the forces there, in such a way as to arrest organic

action, the source of waste, and to diminish as much as possible the afflux of blood in the inflamed parts. (Sic.)

2. This modus operandi once admitted, we can readily understand the innocuousness of sulphate of quinia in the cerebral symptoms of rheumatism, which symptoms recent experiments have already tended to show were not due to its use.

3. Moreover, the use of sulph. of quinia is indicated in all the inflammatory forms of cerebral rheumatism; opium being serviceable in the nervous forms only, and in these only when not complicated by fever.

4. Sulph. of quinine and opium being antagonistic, should not be given together.

5. These two remedies may be used as antidotes to one another.

M. Guérard thought that sulph. quinia did "décongestionner le cerveau," and stated in support of his opinion, that its use produced imminent syncope. Some years previously, while suffering from intermittent fever, he had taken large quantities of sulph. of quinia, sometimes for a month at a time, in a single dose daily. As long as he remained in the recumbent position, he experienced no unpleasant sensation, but when sitting, syncope was imminent. He had seen a second similar case.

With respect to the antagonism of opium to sulph. of quinia, he was the more ready to believe it, inasmuch as in his thèse de concours for the chair of therapeutics, he had shown that the effects of medicines when isolated might be neutralized by combination; and had mentioned that M. Caventou had given strychnia combined with morphia, each in large doses, and that the effects of the combination had been greatly diminished. Substances which are poisonous by themselves, cease to be so when united.—*N. O. Med. and Surg. Journal.*

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*Caloric applied to Surgical Uses.* By M. M. Guyot and Baudot.

M. J. Guyot, in 1842, published an essay "on the employment of caloric in the treatment of ulcers, the wounds resulting from amputations and other considerable surgical operations, hysteria, skin diseases, rheumatism, etc." M. Guyot was led to try the therapeutic effects of caloric upon animals, from the following theory, which he has given in the shape of three propositions:

1. The proximate and exciting cause of life in all organized beings is caloric.

2. The chief object of the organization is the production of a certain quantity of caloric, and its maintenance.

3. All the functions and vital phenomena are under the dependence of the temperature proper to the individual,

These experiments, followed with interest by Magendie himself, seemed to confirm the theoretical views of the author, and the results of his experiments were :

1. That wounds healed in every case (without dressing) more rapidly in a temperature of 30° centigrade or 86° F., than in an inferior temperature with or without dressing.

2. The greater number of wounds have been healed in the higher temperature without inflammation or suppuration, a circumstance not to be observed under ordinary conditions. "I cannot consider as inflammation," says M. Guyot, "the normal process of cicatrization, which never operates well except in the absence of pain, swelling, redness, and abnormal heat."

3. Wounds have been healed by a temperature above 86° F., which had previously resisted the healing process while at the ordinary surrounding temperature.

4. Wounds in full and free suppuration have ceased to suppurate upon being surrounded by a temperature equal to that of man under normal conditions; and these wounds have taken upon themselves the characters of recent wounds, and have healed after the manner of such.

From the above data, from the observations of Larrey upon the influence of climate in surgical practice, and encouraged by Magendie, M. Guyot extended his experiments, and with success, to the human subject. This plan of treatment now received the name of "incubation," and was defined as a medication, consisting in submitting certain parts of the body to the action of a constant temperature, almost equal to the proper temperature of the individual; that is, about 36° c. or 96°.8 F. It was further divided into—1. Incubation, local or circumscribed, in which a limited portion of the body is submitted to this therapeutic agent. 2. Incubation, diffused as in the treatment of chlorosis, amenorrhœa, œdema, ascites, neuralgia, etc.; whilst 3rd, and lastly, we have other general application of this process, as in the treatment of scrofula and rickets. The required temperature is obtained by means of a spirit-lamp applied to variously contrived containing cavities.

According to M. Guyot, the incubation exerts both a local and a general influence upon the economy. Locally, it,

1. Relieves all pain within a very short time of its application.

2. Causes the disappearance of the redness (whether this be inflammatory or congestive), without ever producing it.

3. Constantly diminishes, and most frequently removes the tumefaction, active or passive. Should pus be already formed, the incubation

will bring the abscess to maturity, by causing the resolution of the surrounding infiltrations.

4. A prompt amelioration of wounds of a sluggish, inert and unhealthy aspect—the paleness and flaccidity being immediately converted into a rosy aspect, with all the appearances of vigor and activity, whatever may have been their previous condition.

5. Whenever a wound in full suppuration is submitted to the influence of the normal heat, although the pus may be the most unhealthy, and out of all proportion with the size of the wound, the wound is promptly reduced to a good and healthy condition.

6. Cicatrization is more rapid, but it is impossible to determine exactly the amount of this advantage, as will be easily understood.

7. Amputation wounds are more easily and quickly healed, although by exactly the same processes, viz.: by degorgement, suppuration and cicatrization after a shorter or longer period. From observation of these cases, we can only state that they heal incontestably better by incubation than by any other method at present employed.

From the above, it will be seen that this plan of treatment is merely and modestly looked upon as simply favoring the happy termination.

As to the general action of incubation:

1. When applied to wounds resulting from amputations, it suppresses or considerably diminishes the traumatic fever, and consequently calms the patient, and places him in a condition where, his appetite returning, he may be better able to withstand the enemy.

2. If, as the consequence of a long and undermining local disease, the patient is exhausted by sanious suppuration, colliquative diarrhœa, and consumed by adynamic fever, the incubation will raise up his forces, calm his pulse, arrest the diarrhœa, and moderate the suppuration.

3. If the female organism be subject to those nervous movements, alike so tenacious and so painful, which characterise hysteria, this plan of treatment will calm the patient and re-establish health.

In support of his views, the author reports the results of thirty-two cases of amputation, fifteen cases of ulcer, and ten serious recent wounds.

At the period of publication of the above, this plan of treatment created considerable noise in the medical world, and seemed destined to occupy a considerable space, and exercise no ordinary influence in medical and surgical therapeutics. However, the state of health of M. J. Guyot obliging him to quit the arena of medicine, his propositions and practice were alike by degrees forgotten, either from indifference or default of conviction on the part of the surgeons; so completely has incu-

bation, as a therapeutic, been lost sight of, that many of our existing members would be able to give no other definition of incubation than that to be found in Maunder, viz.: "the act of sitting upon eggs to hatch."

Is this lapse from the medical memory merited? This is a question which a thesis published and sustained before the French Faculty of Medicine this year, by a M. Edmond Baudot, seems to settle.—*Medical Times and Gazette.*

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*Nouvelles Recherches sur la Digestion. Première partie sur le Principe Acide du Suc Gastrique* Par M. Blondlot, *Docteur en médecine et Docteur ès-sciences, à Nancy.*

Le Docteur F. G. Smith, professeur de physiologie à Philadelphie, ayant publié dans ce journal (1) des expériences sur la digestion, qu'il a eu l'occasion de pratiquer sur le Canadien à fistule stomacale, rendu célèbre par les travaux de W. Beaumont, et les résultats auxquels il est arrivé ne s'accordant pas avec quelques-uns des principes que j'ai émis dans les différents ouvrages que j'ai produits sur le même sujet, je me suis d'abord proposé de soumettre ce travail à un examen critique; puis m'étant aperçu que, pour établir les bases de mon argumentation, je devais commencer par exposer le résumé de mes propres travaux, j'ai été ainsi conduit à donner à cet article des développements plus considérables.

Dans le mémoire dont il s'agit, le docteur Smith se livre à l'examen de plusieurs questions relatives à l'action physiologique de l'estomac, qu'il considère comme n'étant pas encore définitivement résolues. Parmi ces problèmes sont ceux qui concernent la nature de l'acide qui domine dans le suc gastrique et l'influence de ce suc sur les divers groupes de substances alimentaires. Aujourd'hui, je n'aborderai que le premier point, réservant le second pour une prochaine communication.

Les trois principes auxquels on a tour à tour attribué l'acidité du suc gastrique sont, dans l'ordre chronologique, l'acide chlorhydrique, l'acide lactique et le biphosphate de chaux. En circonscrivant le débat entre ces trois principes, je me suis demandé s'il n'existerait pas quelque réactif capable de les differencer tout d'abord. L'eau de chaux m'a semblé surtout propre à attendre ce but.

En effet, la chaux forme, comme l'on sait, avec les deux premiers acides, des sels très solubles, tandis qu'elle produit, avec le biphosphate calcaire ($Ph\ O^5$, Ca O), du phosphate neutre ($Ph\ O^5$, 2 Ca O), insoluble.

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(1) No. 1. Janvier 1858, p. 144-158.

Or, si dans de l'eau de chaux parfaitement limpide, on vient à verser quelques gouttes de suc gastrique préalablement filtré, à l'instant même, il se fait un précipité dont la proportion augmente à mesure que l'on ajoute une plus grande quantité de suc gastrique. Ce précipité est du phosphate neutre de chaux, soluble, sans la moindre effervescence, dans l'acide acétique, fournissant de l'hydrogène phosphoré, quand après l'avoir desséché, puis chauffé dans un tube avec un globule de potassium, on vient à l'humecter, etc.

Cette expérience, toute simple qu'elle est, me semble décisive. D'où proviendrait, en effet, le phosphate calcique précipité, s'il ne résultait pas de la neutralisation du biphosphate existant normalement dans le liquide? On ne pourrait faire à cet égard que deux suppositions également insoutenables. La première serait de prétendre que le phosphate calcique précipité s'est formé de toutes pièces, par la combinaison de la chaux ajoutée avec de l'acide phosphorique libre qui serait contenue dans le suc gastrique; or, je démontrerai plus loin que, s'il existe de l'acide phosphorique dans ce liquide, il n'y est point à l'état de liberté absolue. La seconde supposition serait que le phosphate neutre précipité préexistait dans le liquide, qui le tenait en dissolution à la faveur des acides chlorhydrique ou lactique, lesquels, une fois neutralisés, laisseraient déposer le sel neutre. Admettre une telle supposition serait se payer de mots vides de sens.

En effet, pour qu'un acide quelconque dissolve le phosphate de chaux, il faut qu'on en emploie une proportion suffisante pour neutraliser un équivalent de base: ce qui indique clairement que la dissolution qui s'opère n'est que la conséquence d'une décomposition dans laquelle le sel neutre ayant perdu l'un de ces deux équivalents de base, est passé à l'état de biphosphate. Lors donc que du phosphate neutre de chaux est dissous par de l'acide chlorhydrique, il se forme simultanément du biphosphate de chaux et du chlorhydrate de la même base, ou, autrement dit, du chlorure de calcium hydraté, conformément à la formule suivante :

$$Ph\ O^5, 2\ Ca\ O + ChH = Ph\ O^5, Ca\ O + Ch\ Ca, HO.$$

Pareille réaction aurait lieu évidemment avec l'acide lactique, à cela près qu'au lieu de chlorure de calcium, il se produirait du lactate de chaux; mais, dans tous les cas, le principe acide qui dominerait dans le liquide serait toujours le biphosphate de chaux (1.)

(1) Il est vraiment étrange de voir figurer l'un à côté de l'autre, dans certaines analyses du suc gastrique, du phosphate neutre de chaux et une proportion équivalente d'acide chlorhydrique ou d'acide lactique, comme si l'acide phosphorique pouvait conserver les deux équivalents de base en présence d'acides dont l'énergie ne le cède en rien à la sienne, dans les conditions ordinaires de température et de pression.

Il est encore une autre objection qui a été faite, à propos de l'expérience précédente, à l'existance du biphosphate calcaire, comme étant le seul principe acudificateur du suc gastrique, la voici : Si, après avoir précipité de l'eau de chaux avec du suc gastrique, on verse quelques gouttes du liquide trouble qui en résulte dans un grand excès du même suc, le précipité se redissout, ce qui, dit-on, ne saurait avoir lieu avec un biphosphate. C'est une erreur ; car si l'on reproduit l'expérience avec une solution étendue de biphosphate de chaux obtenue en faisant réagir à froid de l'acide chlorhydrique sur du phosphate neutre de chaux en excès, c'est-à-dire dans les conditions où le biphosphate du suc gastrique paraît se produire dans l'économie, comme nous le verrons plus loin, les mêmes effets se reproduisent identiquement. Quand à la raison chimique du phénomène, on comprend que ce n'est point ici le lieu de s'en occuper, le fait brut, si je puis m'exprimer ainsi, suffisant pour répondre à l'objection.

Mais ce n'est pas seulement à l'état de biphosphate que la chaux se se trouve dans le suc gastrique ; elle y est aussi, en proportions équivalentes, à l'état de chlorure, ainsi que je l'ai démontré ailleurs (2). Du reste, l'existance de ce sel dans le suc gastrique est aujourd'hui admise par tous les chimistes, parmi lesquels je citerai particulièrement Braconnot, qui l'avait signalée dans du suc gastrique de chien, que je lui avais remis moi-même, et Berzélius, qui, dans une lettre qu'il m'a fait l'honneur de m'adresser, déclare en avoir trouvé dans du suc gastrique que le docteur Beaumont lui avait envoyé, et qui provenait de ce même Canadien dont il est de nouveau question.

Ces deux principes admis, il nous serait maintenant facile de nous rendre compte des expériences rapportées par le docteur Smith, et de démontrer que, loin de contredire mon opinion, elles viennent au contraire la confirmer.

Dans une première expérience, l'auteur distille du suc gastrique, et constate que les premiers produits recueillis dans le récipient sont neutres aux papiers réactifs et sans action sur l'azotate d'argent ; tandis que, vers la fin de l'opération le liquide qui passe est acide et donne avec l'azotate d'argent un chlorure bien charactérisé ; preuve évidente qu'il s'était dégagé un peu d'acide chlorhydrique à l'état de liberté. Ce fait n'est pas nouveau, il confirme ce qui avait déjà été annoncé par plusieurs chimistes, notamment par Prout, Braconnot, MM. Bernard et Barreswil, et par moi-même, dans la mémoire précité. Du reste, avec la plupart

(2) Voir le mémoire que j'ai publié en 1851, dans les *Mémoires de la Société des sciences de Nancy*, sous le titre de : *Nouvelles recherches sur la nature et l'origine du principe acide qui domine dans le suc gastrique.*

des chimistes actuels, il reconnaît que l'acide chlorhydrique dégagé ne préexistait pas dans le liquide à l'état de liberté, mais provient de la réaction de l'acide qui domine dans le suc gastrique sur les chlorures qu'il renferme. A l'appui de cette opinion, qui aujourd'hui ne trouve, pour ainsi dire, plus de contradicteur, il cite la judicieuse remarque faite par M. Barreswill, à savoir, que le suc gastrique donne un précipité abondant avec l'acide oxalique, ce qui ne saurait avoir lieu dans un liquide qui contiendrait la moindre trace d'acide chlorhydrique.

La présence de l'acide chlorhydrique libre dans le suc gastrique normal se trouvant ainsi écartée, le débat se trouve, en quelque sorte, restreint entre l'acide lactique et l'acide phosphorique plus ou moins libre. Pour décider la question, le docteur Smith fit l'expérience suivante :

Exp. V (*Mémoire cité*, p. 150).—Une portion de suc gastrique fut bouillie légèrement dans une cornue. Le liquide distillé contenait des traces d'acide chlorhydrique libre. Le résidu, examiné au papier, était plus acide qu'avant la distillation. On le fit alors évaporer avec soin et on l'examina de temps en temps, ce qui fit constater que son acidité s'augmenta tant qu'il resta liquide. On chauffa beaucoup plus, de façon à dessécher, mais sans carboniser la matière ; en la mouillant avec de l'eau, on la trouva encore beaucoup plus acide. On chauffa de nouveau, de manière à arriver à un commencement de carbonisation, et alors on humecta et on trouva que l'acidité avait diminué. La même expérience répétée et poussée jusqu'à une carbonisation avancée, montra, lorsqu'on mouilla le résidu, une acidité encore moindre : et, en chauffant encore jusqu'à ce qu'il n'y eût plus d'odeur empyreumatique, on trouva que toute acidité avait disparu.

De ces faits, l'auteur se croit en droit de conclure : 1° que l'acide qui a décomposé les chlorures était fixe relativement à l'acide chlorhydrique, ce qui est parfaitement exact ; 2° qu'ayant disparu par l'action du feu, il devait être de nature organique : ce qui est une erreur. En effet, nous avons vu que le suc gastrique renferme simultanément du biphosphate de chaux et du chlorure de calcium, en rapport d'équivalent. = Ph $O^5$, Ca O + Cl Ca + HO. Cela étant, d'après les principes les plus élémentaires de la chimie, on doit se représenter le biphosphate calcique comme tendant incessamment à reprendre l'équivalent de base que l'acide chlorhydrique tient, pour ainsi dire, en échec, et qui lui serait nécessaire pour passer à l'état neutre, beaucoup plus stable. Il y a donc entre le sel acide et l'acide chlorhydrique une sorte de lutte, qui se termine à l'avantage du premier, qui est fixe, lorsque, l'application de la chaleur, la concentration du liquide, et même par la simple soustraction de la pression

atmosphérique, on augmente la tendance de l'acide chlorhydrique à se valatiliser ; de sorte quil ne reste plus, en définitive, que du phosphate de chaux parfaitement neutre (1).

Toutefois, pour que cette explication soit légitime, il faut qu'au moment où, par l'application de la chaleur, l'acidité du résidu disparaît, les vapeurs qui s'échappent renferment de l'acide chlohydrique libre. Or, d'après l'auteur, il n'en serait point ainsi. Dans l'expérience III (p. 149), il rapporte qu'ayant chauffé du suc gastrique dans une capsule de porceline, jusqu'à l'incineration, il vit le résidu devenir de plus en plus acide. à mesure que la concentration augmentait, mais que la vapeur qui s'échappa ne donna aucune manifestation d'acidité.

Il y a ici une erreur matérielle qui provient de la manière dont on a opéré. Comment, en effet, eût-on pu constater la trace d'acide qu'emportaient avec elles les vapeurs diverses qui s'échappaient de toute la surface d'une capsule de porcelaine ?—Voici comment l'expérience doit être faite. Après avoir concentré un peu de suc gastrique dans une capsule, introduisez le résidu dans un tube de verre fermé par un bout. Achevez alors la dessiccation à l'aide d'une chaleur ménagée. Lorsqu'elle sera terminée, essuyez exactement avec du coton la partie supérieure du tube qui a été atteinte par les projections du liquide ; puis introduisez-y une lanière de papier bleu de tournesol. Chauffez alors de nouveau jusqu'à déorganisation complète, et vous verrez le papier rougir de la manière la plus manifeste, quoique les vapeurs ammoniacales qui se dégagent en abondance aient dû en neutraliser une partie.

On le voit, non-seulement ces faits détruisent par le base l'argumentation du Dr. Smith, mais ils viennent même protester contre son opinion Si, en effet, l'acide qui prédomine dans le suc gastrique était de nature organique, dès le moment où il a été réduit à l'état de charbon, il devrait cesser d'agir sur les chlorures, et les vapeurs qui se dégagent loin d'être acides, devraient manifester une réaction alcaline, à raison du carbonate d'ammoniaque engendré par la destruction des matières azotées, qui font partie de ce fluide.

En résumé, les expériences que nous venons de rapporter aboutissent donc à démontré que l'acide lactique, pas plus qu'aucun autre acide organique, ne constitue le principe acide du fluide spécial sécrété par l'estomac. Il est, d'ailleurs, digne de remarque que, bien que l'acide lactique soit aujourd'hui généralement considéré comme la cause plus

(1) Il est peut-être bon de faire remarquer que l'acide chlohydrique mis en liberté par la concentration de la liqueur est en grande partie retenu par la matiè e organique, ainsi que je l'ai fait voir dans le mémoire précité, en répondant à une objection qui m'avait été faite par MM. Bernard et Barreswil.

ou moins exclusive de l'acidité du suc gastrique, d'une part, aucun auteur, que je sache, n'est réellement parvenu à en extraire de ce fluide une quantité appréciable, malgré sa tendance à former avec certaines bases des sels cristallisables, faciles à caractériser, et que, d'autre part, un grand nombre de chimistes éminents, entre autres Braconnot, qui s'était spécialement occupé de l'acide lactique, n'ont jamais pu en découvrir la moindre trace dans le fluide en question.

L'acide lactique se trouvant donc aussi hors de cause, si je puis m'exprimer ainsi, il ne nous reste plus à examiner que l'acide phosphorique plus ou moins combiné à la chaux. Or, indépendamment des faits qui précèdent et qui tous concordent pour manifester le biphosphate calcaire comme étant le seul principe acidificateur du suc gastrique, j'en rapporterai quelques autres qui, bien qu'accessoires, n'en apportent pas moins leur contingent de preuve en faveur de cette opinion.

On sait que l'acide phosphorique ordinaire, c'est-à-dire à trois équivalents d'eau, et les phosphates acides dans lesquels un de ces trois équivalents d'eau est remplacé par un équivalent de base, ne partagent qu'avec l'acide acétique, dont il ne saurait être ici question, la propriété de ne pas coaguler l'albumine ; tandis que l'acide chlorhydrique, mais surtout l'acide lactique, opèrent très bien, comme l'on sait, cette coagulation. Or, il est certain que le suc gastrique ne coagule point l'albumine, même à la température de 38 à 40 degrés. Du reste, pour m'assurer que ce défaut de coagulation ne tient point, comme on l'a prétendu, au degré de dilution dans lequel se trouve le principe acide dans le suc gastrique, j'ai fait l'expérience de la manière suivante :

Ayant déterminé, au moyen d'une solution de soude normale au dixième, titrée d'après la méthode de M. Moore, le degré d'acidité du suc gastrique, j'ai acidulé de l'eau, avec les acides chlorhydrique ou lactique, au même degré, c'est-à-dire de façon qu'un volume déterminé de liquide exigeât pour sa complète neutralisation la même quantité de soude qu'un volume semblable de suc gastrique ; or, tandis que ce dernier était sans action sur les liquides albumineux, les deux autres solutions y produisaient une coagulation manifeste.

Il est encore une autre particularité qui vient à l'appui de mon opinion, et sur laquelle je crois devoir m'arrêter, d'autant plus que, d'une part, j'aurai quelques rectifications à faire sur la manière un peu trop absolue dant je l'avais jusqu'ici présentée, et que, d'autre part, on peut en déduire quelques conséquences pratiques relativement à l'action du suc gastrique sur certains médicaments de nature minérale : je veux parler de la propriété commune au principe acide du suc gastrique et au biphosphate de chaux de ne pouvoir être neutralisé par le carbonate de chaux. Ce fait,

que j'ai fait connaître le premier, me semble tout d'abord d'une grande valeur pour démontrer leur identité. Ajourd'hui, plus que jamais, je persiste dans cette manière de voir ; seulement, je ferai connaître quelques rectifications qui répondent péremptoirement à certaines objections qui m'ont été faites relativement à la portée de cette expérience, remarquable entre toutes par sa simplicité.

Dans les précédents travaux que j'ai publiés sur se sujet, j'avais dit qu'on peut faire bouillir indéfiniment le suc gastrique, comme aussi une solution plus ou moins étendue de biphosphate de chaux avec du carbonate de la même base, en excès, sans que celui-ci soit attaqué. Cette assertion était trop absolue ; car, s'il est vrai qu'après plusieurs heures d'ébullition, le liquide conserve encore une acidité des plus évidentes, il ne l'est pas moins, comme je l'ai reconnu depuis, que cette acidité va en diminuant de plus en plus, à mesure que l'action de la chaleur augmente et se prolonge : ce qui prouve incontestablement que le carbonate de chaux a été attaqué. Du reste, je me suis assuré du fait de la manière suivante : M'étant procuré une certaine quantité de suc gastrique sur un chien à fistule, j'en déterminai le degré d'acidité au moyen d'une solution de soude, puis après y avoir ajouté du carbonate de chaux pur (spath d'Islande pulvérisé), je maintiens le liquide à l'ébullition pendant une demi-heure environ ; puis, l'ayant laissé refroidir, je déterminai de nouveau son degré d'acidité, et trouvai qu'il avait notablement diminué. Après une nouvelle demi-heure d'ébullition, il avait perdu près moitié de son acidité primitive et il était devenu trouble par la formation d'une certaine quantité de phosphate neutre de chaux. Il est à peine nécessaire de faire observer que, dans ces expériences, avant de prendre le degré d'acidité resté au suc gastrique réduit par l'ébullition, j'avais soin de le ramener à son volume primitif par l'addition d'une quantité suffisante d'eau distillée.

Du reste, il est facile de se rendre compte de ce qui se passe en pareille circonstance. Quand on met le suc gastrique, qui renferme, disons-nous, du biphosphate de chaux, en contact avec du carbonate calcaire, il se manifeste la même tendance à la décomposition dont j'ai parlé en exposant la réaction qui s'opère, sous l'influence de la chaleur, entre ce biphosphate et les chlorures naturellement contenus dans le suc gastrique. Seulement, comme l'acide carbonique tient moins à sa base calcaire que l'acide chlorhydrique, c'est le carbonate qui est décomposé, au lieu du chlorure de calcium, pour fournir au phosphate l'équivalent de base qui lui est nécessaire pour passer à l'état neutre, tandis que l'acide carbonique se volatilise. Au surplus, la même expérience répétée avec une solution artificielle de biphosphate de chaux dans l'eau distillée, donne

avec le carbonate calcaire des résultats sensiblement identiques, qu'il y ait ou non un chlorure en présence dans la liqueur.

J'ai de même constaté que le suc gastrique, comme aussi une solution étendue de biphosphate calcique attaque lentement, même à la température ordinaire, mais mieux à 40 ° C., la magnésie carbonatée et le fer métallique, surtout quand il est dans un grand état de division, ainsi qu'il arrive au fer réduit par l'hydrogène. Il y a alors un faible dégagement d'hydrogène, qui provient de la décomposition de l'eau. Dans tous les cas, l'acidité du liquide s'affaiblit, et il se forme un précipité plus ou moins abondant de phosphate neutre de chaux mélangé à du phosphate de magnésie ou de fer, dont un faible partie seulement reste en dissolution.

On le voit, ces différentes particularités peuvent être d'un certain intérêt pour la thérapeutique ; mais, tout en apportant quelques restrictions au principe que j'avais d'abord posé d'une manière trop absolue, loin d'infirmer les conséquences que j'en ai déduites relativement à la nature de l'élément acidificateur du suc gastrique, elles fournissent une nouvelle preuve en faveur de mon opinion, puisqu'elles sont communes à ce fluide et au biphosphate de chaux.

Il est encore un dernier fait sur lequel je veux fixer l'attention. Dans le mémoire dont j'ai déjà parlé, j'avais cru pouvoir arriver à la démonstration direct de l'acide phosphorique plus ou moins libre dans le suc gastrique de la manière suivante : Après avoir précipité le phosphate calcaire du suc gastrique avec de la potasse en léger excès, j'ai recherché, par les procédés connus, dans le liquide filtré, la présence du phosphate de potasse, qui semblait devoir en résulter, conformément à la formule suivante :

$$2\,(Ph\,O^5,\,Ca\,O) + 2\,KO = Ph\,O^5,\,2\,(Ca\,O) + Ph\,O^5,\,2\,(KO).$$

En effet, j'étais parvenu à constater des traces de ce phosphate alcalin qui me semblait, à bon droit, si démonstratif. Toutefois, depuis la publication de ce travail, la même expérience a été essayée pas d'autres auteurs, notamment par M. le docteur Schiff ; or, dans certains cas, on a trouvé un peu de phosphate alcalin dans la liqueur filtrée après sa neutralisation par la potasse, et d'autres fois, on n'a pu en découvrir la moindre trace. Moi-même, ayant repris ces essais, j'ai obtenu des résultats non moins variables. D'où provient cette différence ? L'auteur que je viens de citer ayant remarqué qu'il obtenait plus particulièrement du phosphate alcalin avec du suc gastrique dont la sécrétion avait été provoquée par l'ingestion des os, a cru pouvoir en conclure que lorsque ce fluide donne un phosphate alcalin par l'addition de la potasse, cela provient de ce que les os, attaqués par l'acide qui y prédomine, auraient

produit du biphosphate de chaux, qui n'existait pas dans le suc gastrique à l'état normal. Nous ne tarderons pas à voir que cette assertion est chimiquement inadmissible.

Voici, de mon côté, l'explication que je crois pouvoir donner de ces faits. Il existe, avons-nous dit, du chlorure de calcium dans le suc gastrique, en même temps que du biphosphate de chaux. Or, en admettant que, par l'addition de l'alcali, il se soit formé du phosphate neutre de potasse, ce sel, rencontrant du chlorure de calcium, se convertit à son tour en phosphate neutre de chaux et en chlorure de sodium, conformément à la formule suivante :

$$Ph\,O^5,\ 2\,(KO) + 2\,Cl.\,Ca = Ph\,O^5,\ 2\,(Ca\,O) + 2\,Cl.\,K.$$

De sorte que, en réalité, la potasse ajoutée au suc gastrique précipite immédiatement, à l'état de phosphate de chaux neutre, tout l'acide phosphorique qu'il renferme, absolument comme l'eau de chaux. Toutefois, pour qu'il en soit ainsi, il faut que les deux sels calcaires se trouvent dans ce fluide en proportions équivalentes ; autrement, si le biphosphate prédominait, on devrait retrouver dans le liquide filtré une proportion plus ou moins considérable de phosphate alcalin. Toute la question se réduit donc à savoir si les deux sels dont il s'agit seraient susceptibles d'éprouver quelques variations dans leurs proportions respectives. Mais d'abord voyons si l'un des acides dont on a admis l'existence dans le suc gastrique pourrait faire prédominer le biphosphate en attaquant les os ingérés dans l'estomac.

Supposons un instant que la partie terreuse des os soit uniquement formée par du phosphate calcaire à deux équivalents de base, si elle est attaquée par de l'acide chlorhydrique ou par de l'acide lactique, pour un équivalent de biphosphate de chaux produit, il se formera un équivalent de chlorure de calcium ou de lactate de chaux. Or, il est évident, d'après ce que nous venons de voir, que, lorsque la liqueur qui contient ces deux sels viendra à être neutralisée par la potasse, il ne restera plus en dissolution un atome de phosphate alcalin. Il y a plus ; c'est que comme, d'une part, le phosphate des os est plus basique que nous ne l'avons supposé, et que, d'autre part, une certaine proportion de carbonate de chaux s'y trouve mélangée, ces deux causes réunies concourent à faire prédominer le chlorure ou le lactate sur le biphosphate, et à produire ainsi un effet opposé à celui qu'on annonçait.

Là n'est donc point l'explication cherchée. Pour moi, je crois la trouver dans la théorie suivante que j'ai émise sur l'origine probable des deux sels calcaires qui se rencontrent simultanément dans le suc gastrique.

Après avoir fait l'analyse quantitative de ce fluide (1), une des considérations qui me frappèrent le plus, fut que ces sels y étaient en proportion telle qu'il y avait autant de base dans l'un que dans l'autre ; ce qui semblait indiquer qu'ils avaient pris naissance par la réaction de l'acide chlorhydrique sur du phosphate neutre de chaux. Or, pas plus que le biphosphate de chaux, l'acide chlorhydrique ne saurait exister à l'état de liberté dans le sang, qui est alcalin ; mais il s'y rencontre abondamment combiné à la soude. Le chlorhydrate de soude (chlorure de sodium hydraté) est, en effet, de tous les sels, celui qui se trouve le plus abondamment répandu dans l'économie animale. Il est donc très probable que ce sel est décomposé, dans les parois de l'estomac, en acide chlorhydrique, qui, se trouvant, à l'état naissant, en présence d'un excès de phosphate neutre de chaux (dont l'existence dans le sang, probablement à l'état de suspension, est incontestable), détermine la formation des deux sels calcaires du suc gastrique ; tandis que la soude restée dans le sang va sans doute contribuer à l'alcalinité de certaines sécrétions, telles que la salive, la bile, etc.

Cette théorie étant admise, je serais très disposé à penser que, si les deux sels en question ont pris simultanément naissance en proportions équivalentes, il pourrait ne pas en être absolument de même pour leur élimination ; de sorte que, dans certaines circonstances, le biphosphate, dont l'intervention dans le suc gastrique paraît bien plus importante que celle du chlorure, serait alors éliminé en proportion un peu plus considérable que ce dernier : ce qui expliquerait la prédominance de l'acide phosphorique que la potasse a parfois démontré dans le suc gastrique.

Ce n'est là, il est vrai, qu'une hypothèse, qui ne saurait encore prendre rang parmi les vérités rigoureusement démontrés ; toutefois, si des expériences ultérieures venaient la confirmer, ce serait une nouvelle preuve à ajouter aux précédentes, pour démontrer que le principe acide du suc gastrique est bien exclusivement le biphosphate de chaux.—*Journal de la Physiologie de l'homme et des animaux.*

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(1) J'ai trouvé le suc gastrique composé ainsi qu'il suit :

| | | | |
|---|---|---|---|
| Eau | 96,71 | | |
| Biphosphate de chaux | 0,60 | = Calcium | 0,12 |
| Chlorure de calcium | 0,32 | = Calcium | 0,11 |
| — de sodium | 0,16 | | |
| Chlorhydrate d'ammoniaque | 0,36 | | |
| Perte | 0,05 | | |
| | 100,00 | | |

*Diet in Phthisis.* By M. Champouillon.—The ideas formerly entertained regarding the nature of Phthisis, have now given way to others of a more sonnd and better established character. Tuberculisation of the lung, so long considered as a mere local disease, is now recognized as a general or constitutional affection—a diathesis having its elements, so to speak, throughout the whole system, and only localizing itself in the lungs when circumstances favorable to such an occurrence arise. Such a mode of origin being admitted, if not demonstrated as being that of tubercle, we are consequently called upon to inquire what means are most likely to modify or counteract it; and to the particular kind of aliment adopted by the individual has been attached the greatest amount of importance in this respect, as being the most energetic of all those influences modifying that condition of the organism associated with this disease.

M. A. Latour, who has to a great extent appropriated this question of dietetics, has recently laid down rules for the regulation of aliment in tubercular disease, both as a prophylactic and curative means of treatment; and impressed with the analogies subsisting between syphilis and scrofula in general, has come to the conclusion, that a regimen of a tonic nature is equally suitable for both of those affections. In this way, rich soups, animal food roasted or grilled, old claret, goat's milk salted, etc., mainly constitute and limit the regimen he prescribes in pulmonary cases of this kind. M. Rufz is somewhat bolder in his advice to such patients: "Enjoy life, go out or come in, on horseback or on foot, as you please," says he, "but go." Such confident treatment could only be justified by success; and success in this way does not appear to have been wanting to M. Rufz, who, in support of his doctrine, adduces two remarkable examples. Dr. Norverre, a confirmed subject of tubercle, on seeking a warmer climate in the West India islands, was there necessitated to be on horseback night and day—exposed alternately to a burning sun and heavy rains—in a word, to the very extremes of atmospheric vicissitudes. During his whole residence there, however, he ate and drank well, cured his phthisis, and died of dysentery twenty-five years after his arrival at Martinico.

M. Bidoult, another medical man doomed as laboring under phthisis, also sought to reëstablish his health by a residence in the same place; he followed the mode of life of his countryman Norverre, entering into all the excitements and good living to be had. How this intrepid *viveur* ended his days, M. Rufz does not mention.

A diet of mutton chops and generous wines, says M. Bricheteau, again may no doubt be beneficial in certain cases of tuberculosis, but the digestive

system in such persons must not have lost its energy. "We cannot, sufficiently disapprove," says he, "of that advice which does not hesitate to recommend substantial food, tonics and excitants, to those unfortunate patients who already can scarcely digest milk or soups, and who are reduced by colliquative diarrhœa. Among patients treated in this manner, we can adduce one instance where the alimentary canal was so injured by perseverance in a regimen of this kind, that death became accelerated, and was due to rapid tuberculation of the intestines, rather than softening of the tubercular deposits at first formed in the lungs."

M. Andral, in his additions to the "Treatise of M. Laennec," when speaking of individuals affected with tubercle, and in whom a tendency to inflammatory conditions exists, says: "In these cases a milk diet is of service;" while, on the other hand, in reference to the more asthenic examples he says: "Among such cases the milk diet is contra-indicated, and if it is attempted, it soon has to be laid aside, as the health suffers; and the time shortly comes when such diet ceases to nourish." Thus, according to the judicious observations of M. Andral, two different morbid states proper to phthisis must regulate the aliment in this disease; far from being a uniform and invariable character, the *therapeutique* of tuberculosis differs so much as to be the cause of great difficulty in its treatment, and in this way, however much authority M. Latour's name may possess, we cannot believe that generous or stimulating diet and salted milk should be the best method of treatment in all cases of phthisis.

The tonic method of treatment in this disease is by no means new; it was recommended by Morton, Portal, Raullin, etc., but by them only in particular cases. This method, no doubt, may be of service in cases where the patients are scrofulous or cachectic, or born of tuberculous parents, and where it is desirable to alter the constitution. But we know that the lining membrane of the stomach, partaking of the morbid condition existing elsewhere, may become atrophied or hypertrophied, ulcerated or softened, and in that way give rise to dyspepsia of a most intractable character, and rejecting all kinds of regimen—not excepting that of an exciting quality. Analogous disorders attack the intestinal canal, and all aliment in such circumstances becomes a cause of diarrhœa and debility. Phthisis may be apyretic, but is more frequently accompanied by fever, and sometimes by hæmoptysis, because the tubercles in the lung are only one result of a cause which induces an inflammatory condition beyond them, and extending to other organs, which become irritated, congested, and inflamed. The usual custom is to combat this state by an unexciting regimen; but, according to M. Latour, this is a

mistake. Now, can the proper mode of treatment consist in stuffing such patients with soups, animal food and wine? The fact is that this procedure may answer well enough in such cases of scrofula as require support and stimulation, and in whom the leucophlegmatic condition amounts to cachexia; but in pulmonary cases what is required in general, is a regimen of a mild and refrigerent description.—*Gaz des Hôp.*, and *Edin. Med. Jour.*

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*On the Treatment of Neuralgia by Electricity.* By J. Althaus, M. D.

From the time when Sarlandière and Magendie first made known their observations on the therapeutical use of electro-puncture, galvanism has been frequently and in various ways administered to relieve such neuralgic pains as defy other therapeutical proceedings. The practice of electro-puncture being connected with more or less annoying inconveniences, viz., in many instances very violent pain during the operation, and afterwards inflammation and suppuration in those tissues into which the needles have been thrust, other modes of applying galvanism have been naturally resorted to. Duchenne recommended to produce a strong revulsion by practicing faradisation of the skin, by means of metallic brushes conveying a very powerful electro-magnetic current to the painful points; but the pain produced by this proceeding is, according to Duchenne himself, atrocious, and in a certain number of cases the operation has not been accompanied with any success. Another, and in my opinion, the better way, is to send an induced current, of middling intensity, for a certain time through the affected nerve, by means of moistened conductors; one pole being placed at a point where the trunk of the nerve may be reached nearest to the nervous centres, the other one on any of the terminal branches of the nerve. This mode of electro-magnetic treatment, which is derived from the physiological fact that by such a proceeding any nerve in its normal state may be made more or less insensible, I have found the least inconvenient and the most efficacious for some forms of neuralgia. In fact, the pain produced by it is very insignificant, and hardly worth mentioning, when compared to the often excruciating neuralgic pain against which the proceeding is instituted. On the other hand, I have seen the method alluded to answering in cases where both electro-puncture and faradisation of the skin had been resorted to with little or no success. From a number of patients I have treated for neuralgia, two cases are subjoined to illustrate the therapeutical proceeding.—*Med. Times and Gazette.*

# The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS, DIGNITATEM ARTIS MEDICÆ TUERI.

Qualifications for Army Medical Appointments.—We publish the following information concerning the rank of army medical officers as we believe it will be interesting to our readers generally, and particularly beneficial to such young gentlemen as may be intending to become candites now or hereafter for assistant Surgeoncies—The present Director General is T. Alexander Esq. C. B. who was recently in this city as head of the branch of the Department in this Command.

The name of no gentleman can be placed on the list of candidates who does not possess a diploma in surgery, with the following testimonials:—Eighteen months' hospital; twelve months' anatomy; twelve months' practical anatomy; six months' physiology; twelve months, eight months' clinical surgery, twelve months' practice of physic or six months' practice of physic, and six of general pathology; eight months' clinical lectures on ditto, the same as required in surgery; twelve months' chemistry: six months' practical chemistry; three months' botany; three months' materia medica; three months' practical pharmacy, or apprenticeship; three months' natural history; three months' midwifery; three months' practical midwifery; one course natural philosophy; one course logic. Candidates must be unmarried, not beyond twenty-five years of age, nor under twenty-one years. The certificate of the teacher of practical anatomy must state the number of subjects or parts dissected by the pupil. All candidates for medical appointments are required to be conversant with Cullen's Nosology.

The following warrant was issued on the 14th October:—

Victoria R.

Whereas we have taken into our consideration the recommendations of the commissioners appointed by our authority to enquire into the regulations affecting the sanitary condition of our military forces, and the medical treatment of the sick and wounded of our army, our will and pleasure is that from and after the date of this warrant the following rules shall be established for the future admission, promotion, and retirement, and the pay, half-pay, relative rank and allowances of the medical officers of our army, and that by these rules our Cammander-in-Chief shall govern himself in recommending officers for admission, promotion, and retirement.

1. The grades of medical officers in our army shall be four in number —viz :—

(1) Inspector-general of hospitals.
(2) Deputy inspector-general of hospitals.
(3) Staff or regimental surgeon, who after 20 years' full-pay service in any rank shall be styled surgeon-major.
(4.) Staff or regimental assistant-surgeon.

2. No candidate shall be admitted to the competitive examinaion for a commission in the Medical Department of our army who does not possess such a certificate or certificates as would qualify a civilian to practis emedicine and surgery; and no such candidate shall receive a commission as assistant-surgeon until he shall have satisfactorily passed an examination in military medicine, surgery, and hygiène, after attending the authorized course in a general military hospital.

3. No assistant-surgeon shall be eligible for promotion to the rank of surgeon until he shall have passed such examination as our principal Secretary of State for War may require, and shall have served on full-pay with the commission of assistant-sergeon for five years, of which two shall have been passed in or with a regiment.

4. A surgeon whether on the Staff or attached to regiments, must have served ten years in the army, with a commission of full-pay, of which two must have been passed with the rank of surgeon in or with a regiment, before he will be eligible for promotion to the rank of deputy inspector-general of hosp tals.

5. A deputy inspector general of hospitals must have served five years at home, or three abroad, in that rank before he shall be eligible for promotion to the rank of inspector-general.

In cases, however, of emergency, or when the good of the service renders such alteration desirable, it shall be competent for our Secretary of State for War to shorten the se eral periods of service above-mentioned, in such manner as he shall deem fit and expedient.

6. Assistant-surgeons shall, as a general rule, be promoted to the rank of surgeon in the order of their seniority in the service, unless unfit for the discharge of their duties from physical or professional incompetence or misconduct. In cases of distinguished service, however, an assistant-surgeon may be promoted without reference to seniority; and in such cases, with a view to insure the responsibility attaching to an appointment made out of the regular course of promotion, the recommendation, in which the services of the officer shall be detailed, shall be published in the General Orders of the Army and in the *Gazette* in which his promotion appears.

7. All promotion from the rank of surgeon to that of deputy-inspector and from the rank of deputy inspector to that of inspector, shall be given by selection for ability and merit; and the grounds of such selection shall be stated to us in writing, and recorded in the office of our Commander-in-Chief, the selection being made from the whole rank of surgeons, whether styled surgeons or surgeon-majors.

8. The rates of pay of the medical officers of our army shall be in accordance with the following schedule :—

| | After 30 Years' Service on Full Pay. | After 25 Years' Service on Full Pay. | After 20 Years' Service on Full Pay. | After 15 Years' Service on Full Pay. | After 10 Years' Service on Full Pay. | After 5 Years' Service on Full Pay. | Under 5 Years' Service on Full Pay. |
|---|---|---|---|---|---|---|---|
| | £ s. d. | £ s. d. | £ s. d. | s. d. | s. d. | s. d. | s. d. |
| Inspector-General..... | 2 5 0 | 2 5 0 | 2 0 0* | — | — | — | — |
| Deputy-Inspector-General | 1 14 0 | 1 10 0 | 1 8 0* | — | — | — | — |
| Surgeon-Major..... | — | 1 5 0 | 1 2 0 | — | — | — | — |
| Surgeon..... | — | — | — | 18 0 | 15 0* | — | — |
| Assistant-Surgeon..... | — | — | — | — | 13 0 | 11 6 | 10 0 |

9. In addition to the pay of their ranks, officers at the head of the medical department on foreign stations shall receive allowances at the undermentioned rates, when serving under the following circumstances.

If with an army in the field of 10,000 men or upwards, 20*s* per day.

If with an army in the field of 5,000 men or upwards 15*s*. per day.

If with an army in the field of any less number, 10*s* per day.

10. After the date of this warrant every medical officer placed on half-pay by reduction of establishment, or on the report of a Medical Board, in consequence of being incapacitated by reason of ill-health, caused by wounds, or brought on by the discharge of his duties, shall be allowed the half-pay to which his period of full pay service may entitle him, according to the following schedule :—

| | After 30 Years' Service on Full Pay. | After 25 Years' Service on Full Pay. | After 20 Years' Service on Full Pay. | After 15 Years' Service on Full Pay. | After 10 Years' Service on Full Pay. | After 5 Years' Service on Full Pay. | Under 5 Years Service on Full Pay. |
|---|---|---|---|---|---|---|---|
| | £ s. d. | £ s. d. | £ s. d. | s. d. | s. d. | s. d. | s. d. |
| Inspector-General..... | 1 17 6 | 1 13 6 | 1 10 0 | — | — | — | — |
| Deputy-Inspector-General. | 1 5 6 | 1 2 6 | 1 1 0 | — | — | — | — |
| Surgeon-Major..... | — | 0 18 6 | 0 16 6 | — | — | — | — |
| Surgeon..... | — | — | — | 13 6 | 11 0 | — | — |
| Assistant-Surgeon..... | — | — | — | — | 10 0 | 8 0 | 6 0 |

11. With a view to maintain the efficiency of the service all medical officers of the rank of surgeon-major, surgeon, or assistant-surgeon shall be placed on the retired list when they shall have attained the age of 55 years, and all inspectors-general and deputy inspectors-general when they shall have attained the age of 65 years.

Officers thus superannuated shall be entitled to the rates of half-pay stated in the preceding schedule.

12. Every medical officer who shall have served upon full pay for 25 years and upwards shall have the right to retire upon half-pay, at the rate of seven-tenths of the daily pay he was in receipt of when thus retiring, provided he shall have served three years in the rank from which he retires, or shall have served in any rank for 10 years in the

* Or on promotion, should these periods of Service not be already completed.

colonies, or five years with an army in the field. But if he shall not have complied with any one of these conditions he shall be entitled only to half-pay at the rate of seven-tenths of the daily pay he was in receipt of before his last promotion.

13. Every medical officer thus claiming to retire must give six months' notice to the head of his department of his intention to claim this right prior to his being allowed to retire; and no medical officer shall have a right to give such notice after he shall be under orders to proceed to any foreign station, until he shall have served at such station for one month.

14. If a medical officer is placed on half-pay from any other cause than those hereinbefore named he shall only be allowed a temporary rate of half-pay (not exceding the rates stated in clause 10) for such period and at such rate as shall be assigned to him by our Secretary of State for War, on a consideration of the length and character of the services rendered to the public by such medical officer.

15. On reduction of establishment the surgeon and assistant-surgeon who are junior in the ranks shall be the first reduced, and on restoration to full pay the reduced officers, who are senior in their rank, shall be the first restored.

16. The relative rank of the medical officers of our army shall be as follows:—

Staff or regimental assistant-surgeon as a lieutenant, according to the date of his commission; and after six years' full-pay service as captain, according to the date of the completion of such service.

Staff or regimental surgeon as major, according to the date of his commission; and surgeon-major as lieutenant-colonel, but junior of that rank.

Deputy inspector-general of hospitals as lieutenant-colonel, according to the date of his commission; and after five years' full-pay service as deputy inspector-general, as colonel, according to the date of the completion of such service.

Inspector-general of hospitals as brigadier-general, according to the date of his commission, if with an army in the field, or after three years, full pay service as inspector-general, as a major-general, from the date of his joining such army in the field, or according to the date of the completion of such service.

17. Such relative rank shall carry with it all precedence and advantages attaching to the rank with which it corresponds (except as regards the presidency of Courts-martial, where our will and pleasure is, that the senior combatant officer be always president), and shall regulate the choice of quarters, rates of lodging money, servants, forage, fuel, and light, or allowances in their stead, detention, and prize money. But when a medical officer is serving with a regiment or detachment, the officer commanding, though he be junior in rank to such medical officer, is entitled to a preference in the choice of quarters.

18. Medical officers shall be entitled to all the allowances granted by our warrant of the 13th July, 1857, on account of wounds and injuries received in action, as combatant officers holding the same relative ranks.

19. Their families shall in like manner be entitled to all the allowan-

ces granted by our warrant of the 15th of June, 1855, to the families of combatant officers holding the same relative ranks.

20. Medical officers shall be entitled to field allowances, at home and abroad, at the following rates, subject to all the conditions and restriction, laid down in our warrant of 1st July, 1848 :—

| | Ordinary. | | Extraordinary. | |
|---|---|---|---|---|
| | *s.* | *d.* | *s.* | *d.* |
| REGIMENTAL. | | | | |
| Assistant-Surgeon, under six years' service | 1 | 0 | 2 | 0 |
| Assistant-Surgeon, above six years' service | 1 | 6 | 2 | 6 |
| Surgeon | 2 | 6 | 4 | 6 |
| Surgeon-Major | 2 | 6 | 4 | 6 |
| STAFF. | | | | |
| Assistant-Surgeon, under six years' service | 1 | 6 | 2 | 6 |
| Assistant-Surgeon, above six years' service | 2 | 0 | 3 | 6 |
| Surgeons | 3 | 0 | 5 | 0 |
| Surgeon-Major | 3 | 0 | 5 | 0 |
| Deputy-Inspector-General, under three years' service | 4 | 6 | 7 | 6 |
| Deputy-Inspector-General, above three years' service | 6 | 0 | 10 | 0 |
| Inspector-General of Hospitals | 9 | 0 | 15 | 0 |

21. Surgeons or surgeons-major of infantry regiments, shall not in future be subject to any diminution of the allowance of forage, according to the regulations in force, nor to any stoppage out of their daily pay for any ration of hay, straw, or oats supplied for the horse or horses kept by them for the public service.

22. All staff surgeons of the first-class and senior surgeons of artillery now serving, or who, being now on half-pay, shall hereafter be called upon to serve, shall rank as surgeons-major from the date of their commissions as staff-surgeons of the first-class or senior surgeons of artillery, and shall receive the pay of surgeon-major according to the foregoing schedule of full-pay from the date of this warrant, or from the date of being called from half-pay to full-pay ; and all surgeons who have already completed 20 years' full-pay service, or upwards, in any rank, shall have the rank and pay of surgeons-major from the date of this warrant.

23. Medical officers shall be held entitled to the same honours as other officers of our army of equal relative rank.*

24. A medical officer, retiring after a full-pay service of 25 years and upwards, may, if recommended for the same by the head of his department, receive a step of honorary rank, but without any consequent increase of half-pay.

25. Good service pensions shall be awarded to the most meritorious medical officers of our army under such regulations as shall be from time to time determined by us, with the advice of our Secretary of State for War.

26. Six of the most meritorious medical officers of the army shall be named my honorary physicians, and six my honorary surgeons.

Given at our Court of St. James's this 1st day of October, 1858, in the 22nd year of our reign.

By Her Majesty's command,

J. PEEL.

GIN-SENG IN CANADA.—An exceedingly interesting pamphlet has of late been published by M. Verreau, Principal of the Jacques Cartier Normal School, consisting of a re-print of a very rare work, and entitled "Mémoire présenté à Son Altesse Royale, Mgr. le duc d'Orléans, Régent de France, concernant la précieuse plante du Gin-Seng de Tartarie, découverte en Amérique par le Père Joseph-François Lafitau, de la Compagnie de Jésus, missionnaire des Iroquois du Sault St. Louis," preceded by a very learned biographical notice of the discoverer of Gin-Seng. "Après Charlevoix," says M. Verreau, "le Père Lafitau est un des Jésuites qui se sont le plus distingués comme historiens et comme naturalistes. Le *Journal de l'Instruction Publique*, dont les rédacteurs s'efforcent de réunir dans leur collection tout ce qui peut intéresser les amis sincères de la gloire de notre pays, commence aujourd'hui la production du mémoire que ce savant missionnaire présenta au duc d'Orléans, régent de France, "sur la précieuse plante du Gin-Seng" qu'il venait de découvrir dans les forêts du Canada, mémoire fort rare maintenant et qui accompagné comme il l'est d'un *fac simile* de la planche qui se trouve dans le volume publié à Paris, et d'un portrait avec autographe de l'auteur, sera pour les amateurs de souvenirs historiques du pays une véritable bonne fortune. Nous eussions aimé à joindre à ce mémoire une notice biographique quelque peu étendue; mais, malheureusement pour nous, le Père Lafitau était du nombre de ces apôtres zélés, dont la vie se résume dans leurs travaux et dans leurs écrits, ou l'homme a toujours le soin de s'effacer derrière les grandes choses qu'il accomplit." At one time the trade in Gin-Seng from this country to China promised to become one of some consideration. According to Mr. Garneau as much as 500,000 francs worth was exported in one year. The properties of Gin-Seng as a medicinal agent; its physiological effects and therapeutical uses, have not, as yet, been thoroughly investigated. The Chinese attribute almost marvellous powers to the root "It nourishes and strengthens the body, checks vomiting, removes hypochondriasis and all other nervous affections, and, in short, is capable of giving a vigorous tone to the system, even in old age, and is a panacea for all ills. It is administered in a variety of forms and the only ill result arising from overdoses they state to be a tendency to hemorrhage." The Canadian root was supposed by many not to possess the virtues of the Asiatic. This, however, as M. Verreau observes, may have arisen from faults committed as to the season in which it was collected, method of drying, &c. Here, then, is an excellent opportunity for some active mind to distinguish itself, by thoroughly investigating everything connected with Gin-Seng. We hope ere long to hear something more regarding this indigenous plant, and in the mean time we are much indebted to M. Verreau for enabling us to call the attention of the profession to it.

Canada Directory.—The Prospectus of a new edition of this truly national work lies before us, and we are equally surprised and pained to learn that the enterprising Publisher has sustained a very serious loss by the publication of the first edition. We hear a great deal of palaver nowadays concerning Canadian nationality. Seldom do a few hundred men meet together in public, no matter for what object, but they are told, by those who address them, that all distinctions of race, etc., must be set aside and forgotten, and that the people should unite in developing the vast resources of our immense territory, in supporting and encouraging local enterprise; and know of no other nationality but that associated with our common country. These patriotic sentiments are, of course, applauded to the very echo. They are excellent, and meet with our hearty assent, for we are Canadian, and have a deep affection for the country of our birth. We would be better pleased, however, to witness love of country manifested rather in deeds than in words. Here, for instance, is a work that reflects the highest credit on Canada; it is entirely the result of Canadian enterprise; even to the paper on which it is printed, it is Canadian. There is not, we believe, a work of a similar character, at all to be compared to it, either in Europe or America. It has astonished foreigners, and done more than all the speaking of all the after-dinner and political stump-orators to make Canada thoroughly known and appreciated abroad. And yet, the Canada Directory has met with so little encouragement, that Mr. Lovell is out of pocket by it, and he has been compelled to issue a Prospectus "as a precautionary measure, to ascertain what degree of support a new edition of the Directory would receive, before embarking more capital and involving himself in more anxiety in an undertaking that has already proved extremely arduous."

The new edition, if a sufficient number of subscribers be obtained, will appear in September, 1859. The price to be $8. We shall be happy to receive the names of those of our readers who may be desirous to have their names placed on the subscription-list.

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QUARTERLY REPORT OF THE MONTREAL GENERAL HOSPITAL,
Ending 28th October, 1858.

| | | | |
|---|---|---|---|
| Patients remaining from last quarter | 74 | Died during the quarter | 9 |
| Patients admitted present quarter. | 251 | Now in hospital | 64 |
| | | Discharged | 252 |
| | 325 | | 325 |
| *In-door patients.* | | *Out-door patients.* | |
| Males | 171 | Males | 665 |
| Females | 80 | Females | 679 |
| | 251 | | 1344 |

DISEASES AND ACCIDENTS.

| Disease, &c. | Admit. | Died. | Disease, &c. | Admit. | Died. |
|---|---|---|---|---|---|
| Abscessus | 4 | .... | Gonorrhœa | 1 | .... |
| Adenitis | 1 | .... | Hæmoptysis | 1 | .... |
| Ambustio | 1 | .... | Hemiplegia | 2 | .... |
| Amputatio | 3 | .... | Hysteria | 2 | .... |
| Aneurism per anast., | 1 | .... | Icterus | 2 | .... |
| Angeio-leucitis | 1 | 1 | Impetigo | 1 | .... |
| Anthrax | 1 | .... | Inebrietas | 1 | .... |
| Asthma | 1 | .... | Intertrigo | 2 | .... |
| Bronchitis | 9 | .... | Inversio unguis | 1 | .... |
| Bursitis | 1 | .... | Iritis traumat., | 1 | .... |
| Cancer epith., | 1 | .... | Lepra guttata | 1 | .... |
| " mamma., | 1 | .... | Luxatio | 1 | .... |
| " uteri | 0 | 1* | Mania | 1 | .... |
| Caries | 1 | .... | Neuralgia | 1 | .... |
| Cataractus | 1 | .... | Obstipatio | 1 | .... |
| Catarrhus | 2 | .... | Œdema | 1 | .... |
| Cephalalgia | 2 | .... | Ophthalmia scrof., | 3 | .... |
| Cholera Canad., | 1 | .... | Orchitis | 6 | .... |
| Chorea | 1 | .... | Paralysis | 1 | .... |
| Circumcisio | 1 | .... | Paraplegia | 1 | .... |
| Conjunctivitis | 10 | .... | Paronychia | 1 | .... |
| Contusio | 8 | .... | Peritonitis | 1 | .... |
| Corneitis | 2 | .... | Phrenitis | 1 | .... |
| Cynanche tonsil | 3 | .... | Phthisis | 7 | 2 |
| Debilitas | 2 | .... | Pleuritis | 1 | .... |
| Del. tremens | 6 | 1 | Pleurodynia | 2 | .... |
| Diabetes | 1 | .... | Pneumonia | 2 | 1 |
| Diarrhœa | 6 | .... | Polypus nasi | 1 | .... |
| Dysenteria | 9 | 2 | Psoriasis | 1 | .... |
| Dyspepsia | 8 | .... | Rheumatismus | 23 | .... |
| Epilepsia | 2 | .... | Scrofulosis | 2 | .... |
| Erysipelas | 3 | .... | Sinus | 2 | 1 |
| Febricula | 2 | .... | Strictura ureth., | 1 | .... |
| Febr. com. cont., | 15 | .... | Synovitis chron., | 1 | .... |
| " intermit., | 1 | .... | Syphilis | 21 | .... |
| " remit., | 1 | .... | Tinea capitis | 2 | .... |
| " typhoid | 1 | .... | Tumor | 1 | .... |
| Fistula in ano | 1 | .... | Ulcus | 13 | .... |
| " perineo | 1 | .... | Urticaria | 1 | .... |
| Fractura | 6 | .... | Vulnus | 9 | .... |
| Furunculus | 2 | .... | | | |
| Gastrodynia | 2 | .... | | 251 | 9 |

OPERATIONS, &c., DURING THE QUARTER.

*Major Operations.*—Amputation of fingers, 2.

By Dr. WRIGHT.—Amputations: of legs, 3; of toes, 2. Excisions: of tumors, 2; of penis, 1; of inverted nails, 2. Circumcision, 1. Aneurism injected, 1. Operation for fistula in ano, 1. Hydrocele tapped, 1. Division of Cataract, 1.

*Fractures treated.*—In-door, 6; out-door, 1. Total, 7.

*Dislocations reduced*, 1.

*Minor operations.*—Venesections, 2; cuppings, 11; leeches applied, 17; catheterisms, 14; teeth extracted, 77; wounds dressed, 14; ulcers strapped, 22; abscesses opened and other incisions, 20; total, 177.

By Dr. CAMPBELL.—Amputation of breast.

By Dr. REDDY.—Excision of epithelial cancer. (Omitted in last report:—Popliteal aneurism cured by compression. Scirrhus of the tongue removed by the ecraseur.)

By Dr. FRASER (omitted in last report).—Extirpation of eye-ball.

*Attending Physicians.*—Drs. Scott and Wright.

ROBERT CRAIK, M. D., *House Physician and Surgeon.*

## MEDICAL NEWS.

Dr. David Uhl, of New York, whose conduct in the Cunningham-Burdell affair we felt it our duty to animadvert upon, died at Bolivar, Venezuela, on Friday, September 17. The odium which he brought on himself by his unfortunate conduct in that affair determined his removal from New York. *Requiescat in pace.*——The number of deaths from yellow fever in Charleston, S. C., in the month of September as reported in the Charleston "Medical Journal" was 399 whites and 18 blacks. In New Orleans, during the same period, as stated in the Medical and Surgical Journal of that city, the total number of deaths by the disease was 1825.——In the United States the consumption of coffee is eight times as great as in Great Britain; and probably the consumption of beer in Great Britain is eight times as great as in the United States.—— No less than twelve crosses of the Legion of Honor were lately given to medical men, both in civil and military practice. Amongst the higher grades of the order we notice Messrs. Audral and Trousseau. These eminent physicians have attained the rank of "commander," which is the highest but one in the Legion of Honour.——Professor Chomel has left to the Medical Benevolent Society of the Department of the Seine three per cent. stock, bearing an interest of £8 a year.....What Jenner said on reading, in Elysium, that complaints had been made of his having a statue in Trafalgar Square:—

> "England, ingratitude still blots
> The 'scutcheon of the brave and free—
> I saved you many a million spots,
> And now you grudge one spot to me."—*Punch.*

———A new medical warrant for the army has been issued, giving the medical officers the same right, privilege and position, according to their rank, as other officers.———The Board of Trinity College have elected Benjamin George McDowell, M.D., T.C.D., to the post of Professor of Anatomy and Physiology to the University, rendered vacant by the death of the late Dr. Harrison. Dr. McDowell has long been known in Dublin as Lecturer on Anatomy and Physiology to the Richmond Medical School, and as Physician to the Whitworth and Hardwicke Hospitals.——A Negro, superbly dressed, magnificent and audacious, has succeeded in bewildering the Parisian *dames* with his panegyrics of his nostrums, which were vouched to cure all the maladies which flesh is heir to. After a brief triumph, and creating a grand sensation in the *salons*, he has suddenly and mysteriously flitted, leaving a large number of imbeciles and gulls to bewail his loss.———It is said there has been a fearful outbreak of cholera in the valley of Cashmere, and that *one hundred thousand* persons have fallen victims. It is reported also to be spreading.———The Medical Faculty of Marseilles have recently decided that defloration of a young woman is quite possible under mesmerism. Such a case having been tried before the tribunal, the medical electrician was sentenced to penal servitude for life, as guilty of rape!———The Emperor of Russia seems resolved to put down quackery in his dominions. The circumstance, perhaps, of his father dying under the treatment of a homœopath in a manner that excited extreme dissatisfaction, has set his mind against charlatainism in every shape. Homœopathy and Morrison's pills have been alike exiled from the dominions of the great Czar. An order has just been issued to prohibit the importation of certain quack compositions, such as collodium, cantharidate, hydrargrum-zooticum, Morrison's pills, oleum Hartadanse, hydrargyrum sulphuratum stibiatim, Leroy's medicines, etc., etc.———By the report of the Commissioners, it appears that the number of patients in the various Lunatic Asylums of Ireland amounted, upon the 1st of January 1857, to upwards of 3,286. Despite emigration, etc., the lunacy returns show an annual increase.———Dr. Boyd, health-officer of the City of Brooklyn, reports 22 cases of yellow fever as having occurred in that city during the past summer.

THE

# MEDICAL CHRONICLE.

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## ORIGINAL COMMUNICATIONS.

ARTICLE XVI.—*On Abscess in the Abdominal Parietes, with some remarks.* By V. A. Brown, M. B. T. C. A., Surgeon Vol. Artillery, London, &c., late Assistant Surgeon 23rd R. W. Fusiliers.

On the 8th of July last, I was called to see a Mr. Y., aged 30, who was obliged, 3 weeks previously, to give up his trade that of a pump sinker in this city, in consequence of a severe pain which suddenly seized him in the right Iliac region, he then placed himself under the care of another physician, by whom he was lecched and fomented with considerable relief.

On an examination I found an evident fullness of a circumscribed nature in the right Iliac fossa, extending towards the rectus muscle of that side, with perceptible dullness on percussion, and great tenderness on the slightest pressure. No sense of fluctuation could be ascertained, neither was there any discoloration of the skin; he said that for some time he had not felt very well, and that the pain which first seized him when he was at the bottom of a well was of such an acute nature, that he had to be carried home; he had received no hurt whatever on the abdomen, and since the commencement his bowels have been daily evacuated; motions of a dark and unhealthy nature; he has had no sickness of the stomach, no difficulty of micturition, nor any pain in the testicle or hip. The slightest increase in respiration, or any movement

of the abdominal muscles he says greatly increase the pain, his frame of body is weak, delicate and small, complexion dark sallow, countenance haggard. Pulse 120, tongue red.

Diagnosis lay between cœcitis and suppuration between the layers of muscles covering the cœcum, either the internal and external oblique or transversalis, or in the sheath of the rectus.

He was ordered to be leeched again, and fomented constantly with hops as hot as could possibly be borne.

Hyd. C. Cret; gr. iii. Pulv. opii. gr. ½ every 6 hours, with a very light and nutritious diet.

On the 10th the pain had somewhat subsided, bowels open, 12 leeches more were applied, continue the powders.

12th—Fullness is more perceptible, with gurgling on pressure, near the external border of the Rectus muscle; pain still present, but not so acute, slight fluctuation, bowels daily open, tongue clean, but abnormally red, pulse 100, omit Pulv. Cataplasm Lini applic.

14th—Since last report, evidence of an abscess in the abdominal parietes more distinct, gurgling with fluctuation, great pain on pressure in one point about 3 inches above the external abdominal ring, which is soft and pits,—decided not to make any opening until the character of the swelling was still more apparent.

16th—Fullness has considerably increased, fluctuation is most distinct for the last two nights, the pain has been most acute.

It was determined to open; an exploring needle was cautiously passed into its softest and most depending point, when some dark green fluid, with extremely fetid gas escaped, a proper opening was then made by slitting up every layer of fascia. &c.; as is done in the operation for hernia—immediately about 2 oz. of abominably fetid matter was discharged, &c., on a careful examination with the probe it was ascertained that no communication with the intestine existed,—a tent was inserted into the opening, and a poultice reapplied.

19th—A good discharge of the same fetid character has flowed since the opening, the fluid, however, is becoming more purulent, last night he perspired a great deal, P. 100, B. open. ℞. Quinine ℈ ii. Acid Sulph. dil. ℥ ½ Sulph. Ferri ʒ ii. Tinct. Quassia ℥ i.; Infus. Quassia ℥ xiv. ½ ℥ i. ter in die. Porter, and the most nutritious diet.

On the 2nd August, 2 sloughs evidently the walls of the cyst came away, after which in a few days all discharge ceased, and finally in about a month he was perfectly convalescent.

This case to me was a very interesting one. It may be safely said that collections of matter in the abdominal parietes rarely form *per se.*

Suppuration sometimes takes place among the muscles after blows on the abdominal walls, but most generally it extends from some of the viscera within, as in Hepatic cœcal or Psoas abscesses.

It will be noticed that the diagnosis of the case lay between cœcitis, and a simple collection of matter in the abdominal wall, having no communication whatever with the cœcum.

During its early portion it was a matter of extreme difficulty to determine which it was, and I may add that it is of no small moment to decide as soon as possible on the nature of such a case, as on it depends, either a favorable or an unfavorable Prognosis.

For although the early symptoms are so similar, I need hardly mention that the terminations of both are nearly as dissimilar.

It may be asked, have we any distinct symptom, which is likely to lead us to form a correct opinion in parallel cases?

During the management of this case, two points inclined and strengthened my belief in forming a favorable prognosis from the commencement. I allude to the functions of defecation and respiration. Daily this man's bowels were evacuated, and the slightest abnormal respiration, or action of the abdominal muscles materially aggravated all his sufferings.

Now although sometimes inflammation of the Cœum is attended by diarrhœa in the commencement, and is consequent through continuity of mucous membrane in dysentery, still constipation attends most usually the largest majority of these cases.

This can be easily explained, the mucous membrane of the cœcum becomes congested, its secretions altered, the feces adhere to it, the muscular coat becomes paralysed and unable to propel forward its contents, which constitute a tumour on palpation.

The mechanical distension sometimes by its pressure leading to pain in the loins, or in the course of the last dorsal or genito crural nerve, the pain extending over the dorsum of the ilium, or into the groin or testicle in the male, and in women interfering with the proper functions of the uterus and ovaries.

Hence if we have a case of phlegmonoid inflammation in this region, where the intestinal evacuations are daily performed, with an absence of pain in the loins, the dorsum of the ilium, the hip or testicle in the male, or ovaries and uterus in the female, which the anatomical situation of the cœcum generally points out as consequent on inflammation of its coats, when fecal distension is its cause, we may incline to the diagnosis of matter *within* the abdominal parietes, and consequently hold out in the early portion of the disease a favorable termination in the majority

of instances. The occupation of this man operating constantly on a constitution previously debilitated, exposed always, as he said he was, to damp clothes and foul air, was in all probability the exciting cause of this unhealthy deposition of matter.

The escape of foul gas without any communication whatever with the external atmosphere was a curious feature in the case.

The secretion of any gas within the confined walls of abscesses is rare, some say that the admixture of air from some source is absolutely necessary to its formation, witness the fetor of pulmonary and alveolor abscesses, where the contact of the air is the exciting cause; here, however, there was no communication at all with the air, and yet half the contents of the abscess was gas; on making the opening I was surprised to see so small a quantity of matter escape, as the sense of fluctuation was great, and led me to expect a much larger quantity. I may add a few words on the treatment: It will be seen that from the commencement it was *expectant*, with the exception of occasional leeching, fomentation and poulticing with hyd. c. cret. and opium, for the purpose of improving the hepatic secretions and allaying pain. I did nothing but wait patiently for the issue, the administration of mercury would have been extremely injudicious in such a case, as it would have tended still further to lower the vitality of a constitution already low enough. Tonics, with porter and a highly nutritious diet are most generally called for, as they best counter-act the teudency to pyœmia, which in many instances leads these cases to a fatal termination.

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ART. XVII.—*Cases of alleged Poisoning.* By D. Bergin, M. D., Cornwall, C. W.

*To the Editors of the Medical Chronicle.*

Gentlemen,—Enclosed I send you a report of an inquest, held here, upon the bodies of two females who were said by their medical attendant to have died from the effects of poison, taken by the younger of the two "with the intent to procure abortion, and by the elder, accidentally." I have reported this case specially for your Journal, as it is likely to prove exceedingly interesting in a Medico-legal point of view.

With your permission, I will comment upon the evidence after you have published it, as I differ *toto-cœlo* with those who entertain the "poisoning theory."

Yours very truly,

D. BERGIN, M. D.

Cornwall, Dec., 1858.

On the 12th October, 1858, the Coroner, William Wagner, M. D., held at the Court house an inquest on the bodies of Anne Jordan and Sarah Jordan, who were reported to have died from poison. The identification of the bodies having been established, and a *post-mortem* examination performed; the following medical testimony was received:—

## THE INQUEST.

Dr. Dickinson, deposed:—I was called to see, professionally, the deceased Anne and Sarah Jordan, on the evening of the 17th August last. I told Mr. S. Wood, who came for me, that, if I was likely to be detained long, I couldn't go, as I had to return to see a patient between six and seven the next morning. From Woo l's description of the case, I supposed it to be *Hysteria*. I was not sent for to see the old woman. I found the young woman lying on the bed, insensible, making great efforts to vomit; retching violently; pulse 160, feeble and irregular. The pupils were dilated, but would contract with the approach of light. Breathing somewhat labored; no stertor; body cold and pale. I was told that she had taken nothing yet. My first impression was that the case was apoplexy, possibly; that is before I gave the case a thorough scrutinizing. I told the people what my impression was, at the time, before I had done anything, and I gave my reasons that it could'nt be apoplexy, and said she must have taken something into the stomach to produce the effects I saw. Acting upon the indication afforded by nature, I promoted vomiting by giving a gentle emetic. I would have given a Sulphate of Zinc, which is a very severe emetic, but I saw that a gentle one would answer. She swallowed it easily and vomited freely afterwards. The emetic I gave was Ipecacuanha wine. The matter vomited was *viscid, ropy, tenacious mucus*, mingled with, I suppose, what she had been eating, at first, but afterwards nothing but *mucus*. I was told what she had eaten was oatmeal porridge. The matter vomited had a pungent narcotic odor, a sickening smell, not acid, and was observed by those present, although in their evidence they are not conscious of it. I could compare this smell to nothing but Prussic acid, yet it was not that. I heard vomiting at the other end of the room while I was attending Sarah. I enquired who it was, and found Mrs. Jordan on the floor. I examined and spoke to her. She was also in a comatose state, but had sufficient consciousness to press my hand. I observed to those present, that the character of what she vomited was very similar to that of the other. I think oatmeal and milk did not produce the odor. At the time some one remarked that the odor from both was the same. I now remember that it was Mr. Barlow said so. The pulse of Anne was not so frequent as Sarah's. I

did not time her pulse. I did not look upon her case as so dangerous as the other. She was vomiting at the time I examined her."

Q. By the Coroner.—Was she passive, while vomiting?

A. She lay on her side, and parties gathered about her so, I cannot say whether she was passive during the vomiting or not.

Her pulse had more force than Sarah's, not so irregular—she was as pale as the young woman was. On inquiring as to Sarah's case, I was told by Mr. Wood, that he found her leaning with her arms on the fence, that she put her hand on her stomach, and told him, she was very sick; that she fell and was carried in. After the action of the emetic, and after, I supposed, the stomach had been thoroughly cleansed, I administered "Aromatic Spirits of Ammonia" and had warmth applied to the extremities. Under the treatment there was a decided improvement, although not enough to warrant me in supposing she was going to recover. Her pulse became less frequent and firmer; warmth somewhat restored, and from being unable to sustain her head herself, she could do so. All this time occupied from somewhere between 9 and 10 in the evening, and I got home about two in the morning. I said that decidedly it was not apoplexy; although there were some symptoms of it present, yet there were others that certainly were not. My reasons for pronouncing the cases poison, and not apoplexy, I have put down in writing, and will read them with the permission of the court. (The witness then read from a written paper as follows.)

1st. It is remarkable that the pain complained of was referred to the stomach, not to the head; the reverse of which would be expected in apoplexy.

2nd. The character of the pulse was remarkable; it was 160 and irregular—the latter being unusual and the former, as far as my experience goes, and as far as I can ascertain from experienced physicians, is never so frequent—its almost invariable character is slow.

3rd. The only cases of apoplexy where the pulse is ever accelerated, are those peculiar and rare cases of serous apoplexy, which set in with violent pain in the head; the patient, however, remains in full possession of his intellect, which symptoms usually are followed by coma.

4th. In apoplexy, from disease, coma is usually at once induced; in neither was this the case.

5th. It is remarkable that both cases should be attended with vomiting. It is rare in apoplexy, unless produced by some irritation of the stomach, such as a narcotic poison.

6th. The matter vomited was identical in character, in consistence and odor, in both cases. The odor was that of pungent narcotic.

7th. It is remarkable that the matter vomited should be viscid, tenacious mucus, just what would be produced by irritation of the stomach, by swallowing some *acrid* substance. Had the cases been Apoplexy, it would have been the natural contents of the stomach alone that would have been vomited.

8th. It is remarkable that improvement should have followed the evacuation of the stomach, which would be the natural consequence if the symptoms were produced by swallowing a narcotic irritant poison.

9th. Had the causes been apoplexy or congestion of the brain, the action of an emetic would have been injurious, unless produced by an overloaded stomach, which in this instance was not the case.

10th. In both cases the bowels acted without medicine being taken to produce it, which is usual; apoplexy is usually attended with constipation.

11th. It is remarkable that the diseases in both cases should be serous apoplexy, if apoplexy at all, a kind of apoplexy that is extremely rare; and again, the extraordinary co-incidence, if such it may be called, of two persons living alone together, in the same house, being attacked at the same moment of time, by so rare and so common a disease as apoplexy.

In conclusion, as Dr. Rattray was called after me and has upset my opinion, I now record my opinion, that if the disease was congestion of brain, his treatment by emetics, [the witness was here interrupted by Dr. Rattray, who denied having administered an emetic to either of the deceased,] stimulants, ammonia and æther, would have seriously aggravated the disease, if not destroyed their lives."

In answer to questions by the Coroner and members of the Jury, he replied: I went back the second time, for the purpose of ascertaining whether Dr. Rattray had differed from me in opinion and to inquire his reasons for so doing. I met him there—it was on the evening of the 18th August. I inquired his reasons, he said: He had attended Mrs. Jordan four times previously for apoplexy. I told him what my opinion was of the cases, and in remarking about the character of the vomiting he asked me, "If they could have got anything green?" I replied they had not vomited anything green while I was there. He said that Sarah was vomiting green matter after he arrived, while he was there. Dr. Rattray did not account to me for his opinion, but I inferred that he agreed with me from his question. I never heard of a person having been attacked five times with apoplexy, and from what I glean, the present was the fifth attack of the old woman "Anne Jordan." I have not seen the patients since until the *post-mortem* examination yesterday. I did not think at

the time that it was the result of an attempt to produce abortion, I thought it was accidental. I always thought the family too respectable to suspect them of anything of the kind. I cannot tell what poison would have produced it, unless narcotico-irritant poison. Arsenic could not have produced it. I heard first of the box (received by Wood,) from a woman who had heard me maligned—in fact I was maligned constantly both privately and in the newspapers in connection with the case,—she told me because she heard me maligned and because she was satisfied I was right. I do not know and cannot tell whether the poison was in the oatmeal or not.

The Doctor was here examined as to the *post mortem*. He said:

As to the *post mortem* examination, the bodies were identified; but very little could be elicited owing to their extreme state of decomposition. We examined all the organs except the brain. We examined the uterus; we detached the stomach, liver and intestines of Sarah Jordan, and the stomach of Anne Jordan, which we have brought here. The uterus (*the womb*) of Sarah appeared to me like that of one who had miscarried—it seemed to me, like a large sac, the cavity of the pelvis was filled with blood.

(The witness was here contradicted by Dr. Rattray who said that the pelvis was not filled with blood. The witness then said "It was two-thirds full, at all events." Dr. Rattray again contradicted him and said that it was not, and that what fluid was present, was merely *bloody serum* which had drained from the bowels during the *post mortem*, in fact *was not blood at all*. The witness then resumed *his description* of the *post mortem* appearances.)

The state of decomposition was too great to enable me to speak positively, but there appeared to be general inflammation of the stomach, which seemed to be in a better state of preservation than the liver and uterus—there was diffused redness throughout the outside of the stomach of Sarah—near the cardiac orifice of the stomach of Anne Jordan, there seemed to be very marked redness. Nothing further of importance was visible. We did not examine the brain, owing to the extreme state of decomposition, but we did examine the thorax, and a very disagreeable job it was.

In answer to questions by one of the jury, the witness said: I did not, at my first visit, order the matter vomited to be preserved, *because I gave up the case.* I did direct them, at my second visit, to preserve the matter vomited, although I no longer considered them my patients.

Dr. Charles Rattray, deposed; I was sent for on the 17th and went to see, about sunrise, I think about 5 o'clock, on the 18th, the deceased

Anne and Sarah Jordan. I was told that Dr. Dickinson had already seen them and had pronounced the cases Poison. I asked whether he had specified the poison and was told he had not. I was told they had eaten oatmeal porridge, as had also the child of Sarah Jordan; the child is about two years old—it was in good health and was not at all affected. I learned this from Mrs. Forbes, a former witness. The history of Sarah's case, which I obtained, was, substantially, the same as that already given by Dr. Dickinson—I need not therefore repeat it. When I examined her, I found her lying with her head thrown back; breathing with difficulty; to use a term easily understood, breathing as if the *death-rattle* were in her throat; her mouth was partially open and mucus or slime escaping from it; the left pupil was contracted, the right pupil was dilated; her cheeks were a little flushed, more so than in health; her lips were red and the mouth and tongue moist, lubricated with saliva; the pulse was 110, but irregular in force, volume and rhythm; her body was warm, when the pulse was up, but when the pulse fell and became slow and weak, her feet became cold. Pressure, applied in the region of the stomach and bowels, elicited no sign of pain, as it would, had inflammation of either of these organs been present; her hands and feet were spasmodically contracted; the right hand particularly, with the thumb turned inwards, across the palm; the right foot was also turned inwards, with spasm, however, less than that of the hand; the bowels, I was told, had not been moved; the breathing became stertorous; in short, she seemed to me to be dying, and I had little hope that she should live beyond two hours. As she was rapidly sinking, I ordered hot applications to her body, legs and feet, and I continued the administration of the "Aromatic spirits of Ammonia" left by Dr. Dickinson—shortly after taking it she vomited, and continued to do so, at intervals, during at least an hour—the matter vomited was a grass green liquid, it was received upon a cloth—we had turned her upon her side to enable her to vomit. She had very great difficulty of swallowing any liquid, and unless her head was held well up, and her chin shaken, it would run out of her mouth. After the vomiting ceased, I applied mustard to her spine and allowed it to remain an hour, at the expiration of which time, I fancied that she manifested signs of feeling, seemed to be restless and to knit her brows as if in pain—she did not speak, however. I then allowed it to remain another hour, when, as it reddened the back, and as the friends thought it had been on long enough, and that it must pain her, I took it off. I then ordered her to be laid again upon her back and endeavoured to rouse her, but I failed—at one time, indeed, I thought I was about to succeed, and that she seemed half conscious, and as if she wished or tried

to articulate, but I was mistaken—in about half an hour she began to sink rapidly; the breathing became more difficult, and the spasms increased, particularly in the right hand, the thumb of which was forced through between the fingers, across the palm. I then turned my attention to her mother, the deceased Anne Jordan, but as I found she could not swallow, I made no attempt to do anything for her. On making inquiry as to the history of her case, I was told that she was asleep at the time Sarah was attacked; that they awakened her to get the bed for Sarah; that she got up *quite well*, and procured a light; that she came to the door to look at Sarah, who was then lying in the cook-shed; that she then fell, but got up almost immediately and sat down on the stairs inside the door-step; that she got up after a minute or so when she fell again and was assisted to the rocking-chair; shortly afterwards she fell into that state of stupor in which Dr. Dickinson found her. When I first saw her she was insensible; she had lost the power of one side; her eyes were shut, I did not see them open; she pressed my hand, but I cannot say that it was from consciousness. I attended Mrs. Jordan three or four times previously, I am positive as to three times for paralysis. The symptoms were the same as those presented at this last attack, but not so severe. She always vomited, and as in this last fatal attack, the paralysis followed an apoplectic fit. Twenty-four hours, generally, had elapsed in her former illness, before I was called to see her—during these attacks she always articulated with great difficulty, and was unconscious in the beginning—So I was told, for she was always more or less conscious when I first saw her.

By the Coroner.—I never heard any cause such as fright, assigned. This last attack was of the same kind as the former ones—but more violent.—She did not void any urine until after I had administered Nitrate of Potassa—I cannot say whether there was any retention or unusual flow of urine in former attacks. I do not now recollect perfectly. She never thoroughly recovered from the effects of the first attack; her mind has always been weak since; so have been her limbs on the right side. I gave Sarah ten grains of Calomel to act upon her bowels—it had the desired effect, and produced three or four copious bilious stools; the dejections were shewn me when I returned in the evening—I remained, at my first visit, until about mid-day,—I returned again in the evening at about eleven o'clock and found Dr. Dickinson there. I had a conversation with him. He told me that he had not said they were poisoned intentionally, but accidentally. We did not agree as to the cases; he held one opinion, I another. I asked him if he had directed the matter vomited to be preserved, he said not, I then called Mrs. Barlow and

asked her if she had kept it—she replied, no! he then asked her, why? her answer was, "because he, Dr. Dickinson had not told her to do so." My opinion with regard to Anne Jordan was, that her disease was apoplexy, the result of the shock produced by the unexpected illness of Sarah, and I have now no doubt as to the correctness of my opinion. Sarah's case was more complicated and more difficult to diagnose. I thought it congestion of the brain, produced by heat or something of the kind, like sunstroke. I did not tell Dr. Dickinson this, but I told it afterwards, publicly, when Dr. Pringle was present. I did not, nor do I now, think she was poisoned. I made a third visit on the 19th, about 10 A. M. Sarah was in a dying state. Anne could not yet swallow. I applied mustard to her spine. I also bled her. On the 20th, the day Sarah died, I visited Anne again. She could then, but with great difficulty, swallow a little, when assisted. As she had not voided urine since the day before, I administered nitrate of potassa in solution. I also gave her a purge—it operated well. On the 21st I saw her again—she had only urinated once since my visit of the previous day. She died on the 22nd. I met Dr. Pringle on the 19th. He examined both Sarah and Anne. He formed the same opinion of Mrs. Jordan's case that I had, and said there could be no doubt at all about it—it was paralysis. I gave him a history of the case, He said that Sarah's case was very complicated, and one in which it would be very difficult to arrive at any satisfactory conclusion—that it might be congestion of the brain, or it might have been produced by sunstroke, or running out barefoot in the wet grass, or by the suppression of the menses, or by one, or any two, or all of them combined. I then called the friends who were there together, and told them that Sarah and Anne were both dying and could not possibly recover. Dr. Pringle did the same. We advised them to have an inquest—that we did not think they were poisoned, but that an inquest would clear the matter up. Some of them objected very strongly, among them Thomas Henderson and two of the brothers of Sarah Jordan—they live in Waddington, State of New York."

By Dr. Dickinson, through the Coronor—"I think some of the symptoms present in Sarah's case were such as might have been produced by a narcotic irritant, for instance the fluid about the mouth; but any poison that would have produced such symptoms as these under which she laboured *would have caused her death in from six to twelve hours* from the period of the attack. (A little sparring here took place between the witness and Dr. Dickinson, who undertook to cross-examine him, but as it had no bearing on the case, we omit it as really irrelevant.)

The witness was then examined as to the post-mortem. "I agree

with Dr. Dickinson as to the great state of decomposition of the bodies, but I cannot agree with him as to the good preservation of the stomach, for it was not in such a state. Neither do I agree with him as to there being any thing in the appearance of the uterus (the womb) to warrant any suspicion of abortion or miscarriage, so far from that, it was completely decomposed, was not like a large sac, but, *in truth, was so small that Dr. Pringle could scarcely find it.* There was some bloody serum in the pelvis, in consequence of the dissection, *but no blood.*"

By the Jury—"I think a chemical analysis of the viscera should be performed, in order satisfactorily to conclude the investigation. As far as my own individual opinion is concerned, I do not think an analysis necessary, but it is possible I may be mistaken, and if the analysis discloses poison, I shall acknowledge my error; if, on the other hand, there is *no poison* found, I suppose Dr. Dickinson will acknowledge his error."

(The witness was here interrupted by Dr. Dickinson, who said that he could see no necessity for analysis at all—that from the way the testimony was given, there was no possibility of criminating any one, and therefore an analysis would be of no use. As far as he was concerned, however, whether poison was found or not, it would not alter his opinion, for the poison taken was such as probably will not be detected at this late period. (Some angry and irrelevant discussion again followed between the two doctors, which was put a stop to by one of the Jury, who appealed to the Coroner to proceed with the next witness, who was accordingly called.)

Dr. McDonald deposed—"I attended the post-mortem of the deceased Anne and Sarah Jordan, yesterday. I know nothing of the cases otherwise. The bodies were in such an advanced state of decomposition almost putrefaction, that the organs could not be satisfactorily examined. The appearances were not such as to enable any one to pronounce any opinion as to the cause of death. It will be for chemical analysis to discover whether any thing like poison had been administered or taken."

By the Coroner—"I think I attended, but will not state positively, old Jordan once for a violent attack of hysteria. I did not see any thing in the appearance of the uterus (the womb) to warrant the opinion that abortion or miscarriage had taken place. Unless the analysis is made the post-mortem of yesterday will be useless as to the purposes of this investigation."

Dr. Pringle deposed—"On the 19th of August, in the evening, I was requested by Mr. W. D. Wood to visit the deceased Sarah and Anne Jordan, who were then lying insensible. I asked him to describe the mode of attack and which was first attacked. He said

that the mother and daughter were attacked on Tuesday evening the 17th, about the same time and apparently in the same way. He said "that Sarah had been out doors and had been carried into the house senseless, —that her mother was at the time lying asleep in bed—that she had been roused to give up her bed to her daughter who was ill—that she got up, lighted a candle and came forward to see her daughter, and, having seen her, she fell senseless across the bed." He said "the daughter had vomited, but he was not certain that the mother had. I told him that from the history he had given me of the cases and the character of the attack, that the suspicion of poisoning seemed very strong in the case of the daughter, and asked him if he knew what they had eaten. He was unable to answer with any certainty." In reply to question asked, he said "that Dr Dickinson and Rattray had been called in and that they differed in opinion, but he did not tell me the opinion of either. I asked him not to do so, then went with him to the house. On my way there I asked him more particularly about the old woman. as to her age and her state, when she fell, and how. I then made up my mind that the old lady had received a sudden shock upon seeing her daughter in that state, apparently dying, and which produced a state of Apoplexy or Paralysis, or perhaps both. I came to no satisfactory conclusion then as to the disease of Sarah. On arrival at the house, I found Dr. Rattray there. I went into the house, then came out again. One of the neighbors asked me if I had any objections to talk the case over with Dr. Rattray—I said no! and then asked Dr. Rattray if he had any objections to consult with me, he said no! too. I then went into the house again. I examined both the deceased—previously to my doing so, Dr. Rattray told me that the old woman had one of her old attacks. I found Sarah lying on the bed in the position described by Dr. Rattray. She was evidently dying—her eyes were glassy, perfectly insensible to light and feeling. I placed my finger upon the eyes, but they did not move; there was no sign of sensation in them at all—the mouth was wide open—the lips and tongue were dry, evidently from having breathed so long in that position—the teeth were covered with sordes or black crust—the surface of the body was cold, excepting about the chest, which still retained some warmth—the pulse was small and not fast, sometimes imperceptible—her breathing was as described by Dr. Rattray. I then examined Mrs. Jordan. I found her breathing calmly—the surface of the body comfortably warm—both eyes were partially closed. I raised both lids and found the pupils moderately dilated—the pulse was slow and soft—the right leg and right arm were paralyzed—there was no indication of paralysis of any of the muscles of the face. I asked a

neighbor about Sarah's periods, but got no satisfactory answer. I then went out and gave my opinion to Dr. Rattray that, the old lady's case was easily accounted for—that she had had a stroke of Paralysis, produced by the shock of seeing her daughter lying, apparently dead. That as to Sarah, it was very difficult to say—that one might conjecture but could not come to any satisfactory conclusion, unless by an examination after death. Dr. Rattray then said that Dr. Dickinson had said that both were poisoned. I replied that I could see no indication of such being the case. I think I remarked to a bystander that, had I been told as Dr. Dickinson had been told and had I seen them in the first instance and found them both presenting the same symptoms as had been described to me, I would very likely have said they were poisoned, and, as at different periods, different symptoms are presented, as a matter of course, different conclusions must be arrived at—that, so far as I could then see, I could find no indication of poison in either case. I was the more confirmed in that opinion in consequence of having heard that a child of Sarah's had partaken of the same food and had not been attacked —I advised them to keep the cloths, in the event of an analysis, which would likely follow in consequence of the suspicion of poison.

By the Coroner.—At that time I had heard nothing arising in or about the matters vomited—I was told that the vomited matters were the contents of the stomach and that after Dr. Rattray had been there, Sarah Jordan had vomited some greenish colored matter.

By Dr. Dickinson.—Narcotic poisons will produce Coma and Congestion of the Brain, but if Sarah and Anne had taken enough to produce the symptoms I saw, they would not have lived so long. I cannot say what Sarah died of—I do not think it was Apoplexy, nor do I think it was Congestion of the Brain. I can give no opinion as to probabilities or possibilities, my duty is to deal with facts—the facts as I saw them.

*Post Mortem.*—Sarah Jordan's stomach and a small portion of the upper part of the intestine were covered with red patches—the remaining portions were free from them. The uterus (womb) was in such a condition that it was almost impossible to arrive at any conclusion concerning it—the stomach of Anne Jordan was distended, and the large end of it was covered with a round patch of a dark color and appeared to be soft.—I was afraid of cutting into it. I think with Dr. McDonald, that without an analysis the Post Mortem performed would be useless. I could see nothing that gave the slighest evidence of abortion—there was no blood throughout the tissues of the uterus, which would have been the case had abortion taken place, for traces of blood are evident after the organs are decomposed.—the brain was not examined owing to the state of decomposition.

At the conclusion of Dr. Pringle's testimony at 11 P.M.—the jury retired to consult as to the necessity of an Analysis—after about five minutes deliberation they returned to the Court Room and informed the Coroner that they were of opinion that an Analysis of the stomach of Sarah Jordan should be performed, and that steps should be taken to trace the box received by William S. Wood, by express—

The inquest then adjourned until 15th November next.

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## REVIEWS.

ART. XIX.—*The Modern Practice of Midwifery:* A Course of Lectures on Obstetrics, delivered at St. Mary's Hospital, London By Wm. Tyler Smith, M.D., Member of the Royal College of Physicians. With an Introductory Lecture on the History of the Art of Midwifery and Copious Practical Annotations. By Augustus R. Gardner, A.M., M.D., late Instructor on Obstetrics in the N. Y. Preparatory School of Medicine; Author of the "Causes and Curative Treatment of Sterility," etc. Illustrated by 212 Engravings. Pp. 760. 1858. *New York:* Robert M. DeWitt. *Montreal:* B. Dawson & Son. *Quebec:* Middleton & Dawson.

*The Uræmic Convulsions of Pregnancy, Parturition, and Childbed.* By Dr. Carl R. Braun, Professor of Midwifery, Vienna. Translated from the German, with notes. By J. Matthews Duncan, F.R.C.P.E., Lecturer on Midwifery, etc., etc. Pp. 82. 1858. *New York:* Samuel S. and William Wood. *Montreal:* B. Dawson & Son. *Quebec:* Middleton & Dawson.

The first of the above two works is the most recent that has appeared in the English language on the science and art of midwifery. The author is well known to the profession as an earnest investigator, a good writer, and a thoroughly practical man, of which there is abundant proof in his "Modern Practice of Midwifery." We will be much surprised if it does not rapidly become a favorite work of reference to practitioners, and a popular text-book to students. The publisher (who, by the way, comes to us as a new name on medical publications) has brought it out in a most creditable manner. The illustrations are excellent; the typography and paper are not to be surpassed. The second work consists of the translation of a single chapter of Professor Braun's new text-book on midwifery. Its subject is one of the highest importance, and we purpose, therefore, entering, for a short space, upon the consideration of puerperal convulsions.

Well do we remember the first case of obstetrics that fell to our care. We had, at the time, attended one course of lectures on midwifery, and, as well, been drilled by our respected and kind Professor, the late Dr. McCulloch, in all the mysteries of "presentations" on the celebrated "phantom." This consisted of a wood and leather representation of the lower half of the trunk of a female, with about two-thirds of the thighs projecting at right angles from it, in the position they would occupy if forcibly flexed upon the pelvis. Over this a cloth was thrown, beneath which we conveyed our hand, introducing it next through an opening designed to represent the vulva and commencement of the vagina, and endeavoured to make out, with great trepidation, what part of a chamois mannikin was first to be met with. To say that we felt completely bewildered, standing out before the class of students, conscious that we were for the time the subject of numerous quirks and jokes, would be simple truth. And then, as to whether the head presented, and knowing that, as to whether it was in the first, second, third, or fourth position, was something which we were completely oblivious of, whenever we heard a suppressed titter at our elbow or chanced to see a bench-mate eyeing us with a comical expression of countenance. Notwithstanding these slight drawbacks, we made some progress in our knowledge of midwifery, and were considered at the time sufficiently advanced to be entrusted with a *bona fide* case of parturition. Seating ourselves beside the bed of our patient, we waited for the termination of that process, the exact stage of which we flattered ourselves we had made out. It was a natural presentation, and everything appeared to progress favorably, and warrant our happiest anticipations. No sooner, however, had the head descended into the cavity of the pelvis and commenced to distend the vagina and press on the external parts, than, to our utter consternation and horror, off went our patient into a severe fit of convulsions. Thus were we initiated into the practice of midwifery. We cannot forget our first case, and puerperal convulsions have an interest to us which many other puerperal conditions fail to excite.

Convulsions occurring during the puerperal period, may be produced by various states of the system, and by the action of various foreign substances introduced into the blood; but all such cases are not to be classed with the true puerperal convulsions or eclampsia puerperalis. Thus hysteria, epilepsy, apoplexy, tetanus, &c., may occur during pregnancy, and exhibit much the same phenomena as in the non-gravid state; and although they are attended by convulsive movements, they cannot be regarded as true eclampsia. Vogel would have us consider every eclampsia as an acute epilepsy, and Ramsbotham looks upon a case of

puerperal convulsions to be one of apoplexy, only that we have added to the apoplectic phenomena violent spasmodic contractions. Eclampsia may arise from defective elimination of carbonic acid through the lungs and of bile from the blood. It may also be produced by anæmia, as when the patient has suffered from profuse loss of blood; by conditions of the blood, in which its constituents are chemically and histologically changed, as in hydræmia, leukæmia, and hyperinosis. "Mineral, animal, and vegetable poisons, such as preparations of lead, strychnine, conium maculatum, cicuta aquatica, oenanthe crocata, etc., inhalation of carbonic acid and carbonic oxide have the power of producing conditions similar to eclampsia." Thus, we perceive, as Dr. Braun says, that under the appellation of "Eclampsia," several pathological processes have hitherto been comprehended, which do not even present an identical series of symptoms, and which have only this in common, that there exist tonic, and especially clonic spasms, along with loss of sensibility, in which the life of the patient is ordinarily in very great danger, and which very soon come to a termination. There is now a numerous class of observers in the profession who would confine the term eclampsia puerperalis exclusively, or almost so, to those cases of convulsion depending upon uræmic poisoning. Among these, Prof. Braun holds a high position.

The first person to draw the attention of physicians to the frequency of albumine in the urine of pregnant women, was the celebrated M. Rayer, and he was the first to attempt the determination of the effects which such condition produced on the mother and infant. He has been followed in his investigations by Drs. Lever and Cahen, by M. M. Devilliers, Reynaud, Blot, Goubeyre, Frerich, Schotten, and Weiger, and the result has been that their researches have shed much light on this obscure point in puerperal pathology. According to M. Rayer, hyperæmia of the kidneys is produced by the developed uterus pressing on the left renal vein. The cause continuing, engorgement eventually terminates in inflammation, "and thus," says Cazeau, "we can explain the possible effect of the extreme distension of the uterus, whether due to dropsy of the amnios or to the presence of several children. 2. Of a first pregnancy, in which the uterus is strongly applied to the posterior walls of the abdomen, in consequence of the resistance of the abdominal parieties (seven-eighths of the cases of eclampsia have occurred in primiparous women). 3. Why, according to the observations of M. P. Dubois, rachitis is often connected with eclampsia, since, in women affected with this disease, the small stature and limited space within the abdominal enclosure, obstruct the developement of the uterus, which, by reacting in its turn upon the surrounding parts, forms a greater mechanical obstacle to the regular

fulfilment of all the functions, and to the venous circulation in particular." Whether this explanation be the true one or not, there is no doubt that albuminuria, after it has existed for a long period, alters very materially the normal proportions of the constituents of the blood. The quantity of albumine is much diminished, and the number of cells is considerably lessened, while the cholesterine and the salts of the serum are augmented. It contains also on an average, a greater amount of fibrine. Blood altered to so great an extent, may, doubtless, produce such an effect on the nervous centres, as to materially increase their irritability, and thus place them in a state of high susceptibility to impressions applied to the peripheral extremities of the nerves connected with them, and, as a consequence, convulsions result. Even without the intervention of eccentric irritation, this state of irritability being extreme, may, of itself, and without any apparent mediate interference, give rise to eclampsia. There is this, however, in the albuminuria of pregnancy, it is not permanent, and, as the cause is limited in time, those great changes which we find to take place in the condition of the blood, from the long continuance of what is called Bright's disease, do not so frequently obtain. Hence, probably, one explanation of the rarity of uræmic intoxication as compared to the number of cases in which albumine is found in the urine of pregnant women: for it is not every case of Bright's disease even that is accompanied by uræmia and eclampsia. Out of every 100 cases of acute albuminuria, not more than 60 or 70 terminate with symptoms of uræmic intoxication. Pregnant women may have the urine loaded with albumine and not exhibit the slightest tendency to convulsions. Of 41 women with albuminous urine, observed by M. Blot, but 7 had convulsions; and of 20 mentioned by M. M. Devilliers and Reynault, 11 only were affected by them. We have repeatedly seen such cases, even where dropsical swellings existed, without convulsions intervening. Now, while we would admit that albuminuria is the principal predisposing cause of puerperal eclampsia, we are not prepared to go as far as to consider it the only one. There are conditions of the blood other than that caused by Bright's disease obtaining during gestation, which render that fluid a morbid stimulant to the nervous centres. These are produced by "all agencies which interfere with the proper depuration of this fluid during pregnancy. Such are the constipation and insufficient secretion from the bowels caused by the mechanical pressure of the gravid uterus upon the intestines." The determining causes are principally irritation of the nerves of the uterus, vagina, bladder, rectum, intestines, and stomach; violent emotions, such as fright, anger, and grief.

Eclampsia appears at all seasons of the year, and at every stage of ges-

tation; more frequently, however, during parturition, than either before or after. It is not at all a common disease as statistics abundantly prove. "Velpeau did not meet with a single case in one thonsand labours superintended by him at the Clinique. It is probable, however, that this proportion is too small; for, by consulting the statements furnished by Madame Lachapelle, Merriman, Ryan, Pacaoud de Bourgs &c., it appears that there was one case of convulsion in about two hundred deliveries. On the other hand, the practice of the principal accoucheurs of Great Britain would furnish one case of eclampsia in four hundred and eighty five labours nearly."

An attack of convulsions is frequently preceded by certain premonitory symptoms, which, when detected, should lead us to examine the condition of the urine, and endeavour to ward off the threatened evil. These symptoms may exist for a variable period before the coming on of the fit. The patient complains of uneasy feelings, a sort of malaise; and there is increased heat of skin and difficulty of respiration. The special senses are affected; flashes of light, muscæ volitantes or scintillæ are seen; and there may exist partial or complete loss of sight: there may be, as well, tinnitus aurium or deafness. The principal diagnostic sign of eclampsia is an acute, circumscribed and fixed pain in the head, which generally resists all means adopted for its relief, and is accompanied by depression of spirits, by nausea, or even vomiting. Œdema of different parts of the body is not unfrequent. It is more frequently observed in the feet and ankles, and in the labia majora, than in the face and upper extremities. When it occurs in the face, it is generally accompanied by increased heat of skin, redness of the cheeks, and injection of the conjunctiva. These œdemata sometimes disappear entirely on the approach of parturition, and they are not at all times connected with an albuminous condition of the urine. "According to M. Weiger, the comparative frequency of the prodromes differs according to the period at which the convulsions occur. Those which come on before labour, are, he says, preceded by symptoms in about 40 cases out of 100; those which appear during labour or the delivery of the after birth, have initiatory symptoms in 30 out of 100 cases; and those which are first manifested during the lying-in, have prodromes in about 20 per cent of the cases."

The phenomena attending a fit of convulsions, are too well known to require any notice at our hands, and we, therefore, prefer saying a few words in regard to treatment. We met in a recent number of the "British and Foreign Medico-Chirurgical Review," a notice of a rather singular remedy in the eclampsia of children, of German origin, which illus-

trates in a striking manner the ridiculous recommendations in therapeutics that are constantly finding their way into print. The reviewer met with it in a "Journal for Diseases of Children," where it formed the subject of a paper by Dr. Blik. This remedy was to hold the rump of a pigeon against the anus of the little patient during the paroxysm. The article he tells us, was followed, in the next number of the "Journal," by a communication, entitled, "an addition to Dr. Blik's communication on the Pigeon's Rump Cure in the eclampsia of children, by Dr. J. Weisse, of St. Petersburg." Dr. W. had tried the wonderful remedy in two cases and had met with success. "The bird, soon after its application, several times gasped for breath, and closed its eyes from time to time; it then convulsively twitched its feet, and finally vomited;" the convulsions in the child ceased, and the bird, in the manner of its kind when the breath is out of them, turned on its back with its legs erect in the air. The learned author called his medical brethren to institute an investigation respecting this method of treatment, as if really to be depended upon, "it will be such a great gain to children's practice, particularly amongst the lower orders." "We mentally offered," says the reviewer, "(such as were disposed to act in conformity with Dr. Blik's request) the advice of an old French Physician, who, on being asked his opinion of a new remedy that was highly praised for its extraordinary virtues in a certain disease, very gravely replied, 'Dépêchez-vous de vous en servir pendant qu'il guerit.'"

We scarcely think this remedy will be at all efficacious in the Eclampsia of Pregnancy. In every orthodox work on midwifery heretofore published, the great remedy for Puerperal Convulsions was bleeding. No moderate depletion would suffice, but bleeding must be large and heroic; forty, fifty, sixty, or more ounces of the vital fluid in the space of an hour. We have often thought to deplete to such an extent, those pale, delicate, hydræmic women, who, we may safely say, form the majority of those affected by convulsions, was anything but safe or proper treatment; and we are pleased to find that modern writers, who have assisted in working out the true pathology of Eclampsia, are raising their voices against the indiscriminate use of the lancet in its treatment.

If a case presented itself where the disease resulted from undue pressure on the spinal chord, or from its stimulation, by excess of blood, venesection would be urgently demanded, with the view of securing its sedative effect on the nervous centres, and to relieve them from the effects of mechanical pressure; but, as we have already mentioned, the vast majority are the result of uræmic poisoning, which places the patient in a condition not at all tolerant of depletion. The great point to be ascer-

tained in all cases is, whether albuminuria be present or not. If it be present, as in all probability it will, and the patient be of full habit, a single full bleeding will be beneficial. But if, on the contrary, the patient be delicate and pale, notwithstanding the congestion of the face, which is present during the paroxysm, we should not be tempted to open a vein. "As to the very doubtful, and sometimes even injurious effects of venesection," says Dr. Braun, "in uræmic eclampsia, Maygrier, Peterson, Kiwisch, King, Bloot, Sedywick, Churchill, Litzmann, Williams, Miquel, Schwartz, Legroux, and Thomas, have very strongly expressed their conscientious opinions; and myself avoiding venesection, I have found, after long continued observation, the best results confirm the opinion already expressed, that a general depletion of blood in uræmic eclampsia had very seldom any valuable effect on symptoms, and generally produces irreparable injury." Cazeau differs from our author, and recommends that bleeding should have precedence over all others as a preventive measure; but, while he extols it as a general remedy for the convulsions, he admits, that even when it is carried so far as to weaken the patient, it does not surely prevent congestion of the brain, or even effusion; and that it may, when carried beyond certain limits, itself become the occasion of a fresh excitement of the spinal marrow.

One of the most powerful means to diminish the reflex excitability and weaken the paroxysms, is the induction of chloroform-narcotism. This anæsthetic should be administered so soon as symptoms of an approaching paroxysm show themselves. The narcotism is to be sustained until these symptoms disappear and the patient sinks into a quiet sleep. Should this result not be attained, the inhalation is not to be continued while the patient is convulsed or in a comatose condition. "The chloroform inhalation moderates the imminently dangerous cramps of the muscles of the neck, epiglottis, and tongue, and may be continued even during a persistent trismus, when other medicines cannot be introduced into the stomach, and when loud mucous râles indicate the development of œdema of the lungs." In 16 cases of eclampsia, occurring in succession, which Prof. Braun treated with chloroform and acids, recovery always took place.

It has not been decided whether the beneficial effects of chloroform are to be attributed to its peculiar sedative action on the nervous system or to some chemical effect by which it produces innocuous changes in the poisoned blood. Doubtless it acts in both ways. Simpson is in favour of the latter view, for the reason that chloroform when inhaled produces a temporary diabetes mellitus, sugar appearing in the urine, and probably also in the blood; and it is well known that a small quantity of sugar

added to urine out of the body, prevents the change of urea into carbonate of ammonia.

"In the intervals of the fits, the direct treatment of uræmia is proceeded with, either 5 or 10 grain doses of benzoic acid being administered, or lemon juice, or table-spoonful doses of a solution of tartaric acid, with ice-water, when copious diuresis generally soon appears." To obviate secondary hyperæmia of the meninges and to moderate secondary congestions of the head which come on during and after the paroxysm, Prof. Braun places great reliance on the application of ice to the head, or what is better the cold douche.

We will not at present enter on the consideration of that portion of the treatment having reference to the completion of labour.

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ART. XX.—*An Essay on the Pathology and Therapeutics of Scarlet Fever.* By CASPAR MORRIS, M.D., Fellow of the College of Physicians of Philadelphia, Member of the American Philisophical Society, late Lecturer on the Practice of Medicine in the Philadelphia Medical Institute, and Clinical Lecturer at the Philadelphia Hospital. *Philadelphia:* Lindsay & Blakiston. *Montreal:* B. Dawson & Son. *Quebec:* Middleton & Dawson. Pp. 189. 1858.

The reader will find a store of useful information upon the subject of scarlet fever, which Dr. Morris has, by his industry, collected together in the present volume. This disease is one of such momentous interest to the profession from the fearful devastations it has caused, that every fact relating to it has a strong call upon the attention of practitioners generally.

Its early history on this continent is involved in obscurity. The most remote mention that can be looked back upon, is probably of the time not when the affection first appeared in the New World, but rather of the time when it first attracted the notice of writers. Whether again it was imported by the earliest arrivals from the Mother Country,—by the convicted, who, as true patriots, "left their country for their country's good,"—or by later colonists, or whether it propagated itself, independantly of human conveyance, are points which may never be answered satisfactorily to the minds of all parties. One of the most antiquated productions on this matter is quoted by Dr. M., and may be found in the "Medical Observations and Inquiries," by a society of physicians in London. It is from the pen of Mr. Colden, of New York, dated 1753. This gentleman proceeds to say of scarlet fever, under the designation of "the throat distemper," that its first appearance was at Kingston, an

inland town of New England, about eighteen years previously, "and as this town has no foreign trade, it may be concluded that the disease was not imported. It spread from thence, moved gradually westward, so that it did not reach Hudson's River till two years afterwards. It continued some time on the east side of Hudson's River before it passed to the west, and appeared first in those places to which the people of New England resorted for trade, and in the places through which they travelled. It continued to move westerly, till, I believe, it has at last spread over all the British colonies on the continent."

A deplorable picture might be represented by the artist who had the materials wherewith to fill up the ghastly groups of lifeless corpses left in the train of this insatiable harbinger of death. Referring to a period of about 11 years from the time of its first appearance, Dr. M. quotes from a manuscript tract of Dr. J. Kearsley, the following among other extracts, which may serve to illustrate the general statement just advanced :—"In the New England Governments, as their annals will no doubt show, the stroke was felt with great severity. Villages were almost depopulated and parents were left to bewail the loss of their tender offspring, till Heaven, at last, whose almighty power we all must own, graciously checked its baneful influence."

While, however, it is true, as implied in the above, that scarlet fever is a disease which attacks children and infants, it is by no means confined to the earlier ages of existence. In truth, no term of life is exempt from it. Of this, Dr. M. mentions a striking instance. He says, "I some years since attended the family of an officer of the highest rank in the U. S. navy, in which every member was ill simultaneously with the most malignant form of the disease, including his wife, who was then 50 years old, and died with the disease; a son who was more than 25 years old; and the servants and nurses, all of course beyond childhood." It is altogether likely that adult infection is of far more frequent occurrence than is sometimes supposed, and that it displays itself in modified phases, through which it escapes detection as when it supervenes without the ordinary skin rash. This is in accordance with a piece of intelligence which in an earlier part of his work the author advances to the effect that "those engaged in nursing cases of scarlet fever, and often all the adult members of a family in which it is present are liable to sore throat and fever, without any eruption, called by some authors *scarlatina faucium.*"

Passing over a collection of valuable knowledge upon the laws, forms, features, &c. of scarlatina, we propose to conclude our examination by taking a glance at one of the absorbing questions of the day, concerning malignant scarlet fever. What is its proper treatment? This inquiry

is beset by so many difficulties that the true answer becomes a matter of doubt. Every one is familiar with the fact, that remedies have often been vaunted upon insufficient merits, but the reverse state of the case is not, perhaps, so commonly accepted, that valuable measures of relief are too frequently condemned upon an experience inadequate to determine their actual virtues or real capabilities. Of these two propositions the latter seems to us, to demand the most regard, in deciding upon the anti-scarlatinal treatment, since amenability to its censure, is more likely to occur than to that of its opposite. This is owing to the extraordinary fatality which is natural to the disease, and which will happen under whatever practice be pursued. This natural tendency, however, is apt to be overlooked, and the disappointment felt in the issue is likely to be transferred to inutility of the remedy rather than to the unmanageableness of the disorder, and this is an error still more certain to be committed if the previous expectations have been of a highly exalted kind; depression then sooner or later occurs, and with it a reverse of the estimate before entertained of the agent's efficiency. No means, the employment of which is founded on solid principles, is therefore lightly to be rejected; half a dozen failures in malignant scarlet fever, with a well-intended medicine, afford no proof of a remedy's want of power. Dr. M. is disposed to exclude all decidedly lowering measures, such as bloodletting, antimonial emetics and debilitating antiphlogistics; and he places most reliance upon an early emetic, such as ipecacuanha, in measure of energy; upon capsicum; quinine and cordial treatment generally. His words are, "A simple emetic of ipecacuanha or of infusion of eupatorium perfoliatum, the thoroughwort, or bone set of our own meadows may be given in the commencement of a case of this malignant form with decided advantage. Where the prostration is great, capsicum should be added. * * * The action of the emetic having been accomplished, attention should at once be given to the support of the vital power, which will be found flagging from the very commencement in many cases, and to the arrest of the local lesions in the fauces and pharynx. The capsicum is here an agent of great value, acting at once to the fulfilment of both indications. * * * I have conducted many cases to a favorable conclusion by these remedies alone." Elsewhere, in reference to capsicum he points out its great influence in counteracting the overwhelming power of the morbid poison upon the nervous system. For, "whether convulsions or restlessness, or stupor complicate the case, or mere languor and exhaustion, all are but varying phases of one condition, and that a condition which is to be removed by appropriate stimulation; and it is in these cases that the capsicum is productive of the

happiest results." "It was, I confess," he adds, "with great reluctance I was first prevailed on to resort to a remedy apparently so little appropriate to the treatment of a disease in which the rapid circulation and heated surface seemed rather to call for remedies which should produce a refrigerant impression; and to force a harsh irritating liquid into a throat already inflamed, was, I thought, little short of a refinement of cruelty. The entire failure of the cooling treatment in such cases led me to test the opposite course, and I can recommend it with entire confidence." This line of treatment, and this particular agent have been condemned by other writers, but probably they may not have been exempt from the fallacies we have above pointed out; and as more than Dr. M. have also spoken in commendatory terms of the stimulant system and of capsicum especially, these are certainly not to be heedlessly cast aside, even though the first cases of their employment turn out to be negatives in result. The theory suggesting their employment, appears to be perfectly sound. It is much the same as the view a Toxicologist would take of the matter. The effects, he would say, are owing to the presence of a poison in the system; you have no antidote for it, it can only be got rid of by self-exhaustion, and by elimination, but these processes require both time and strength. Nature would undertake the work of its extinction, but her vitality is giving way, and will not hold out long enough to allow of the accomplishment being fulfilled. She sinks under the effort. Come therefore to her rescue, support the vis vitæ; keep life in till the poison is turned out; and though your patient will be violently shattered by the struggle that has transpired within him, he will eventually weather the storm, and you will see him ride safe into harbor, where he may thankfully wait till all necessary repairs are completed. In fine you have no antidote, says our assumed anti-poison friend, give him then, the next best thing, an alexipharmic.

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ART. XXI.—*A Manual of Psychological Medicine:* containing the history, nosology, description, statistics, diagnosis, pathology, and treatment of Insanity; with an appendix of cases. By John Charles Bucknill, M.D., London, Licentiate of the Royal College of Physicians; Fellow of University College, London; Fellow of the Medico-Chirurgical Society; Medical Superintendant of the Devon County Lunatic Asylum; and Editor of the Asylum Journal of Mental Science:—and by Daniel H. Tuke, M.D., Licentiate of the Royal College of Physicians, London; Lecturer on Psychological Medicine at the York School of Medicine; and visiting Medical Officer to the York Retreat. 1858. pp. 536. *Philadelphia:* Blanchard & Lea. *Montreal:* B. Dawson & Son. *Quebec:* Middleton & Dawson.

A good and valuable hand-book on the important subject of Insanity, is a want that has long been felt by the profession. Many excellent and erudite monographs exist treating of separate and limited portions of psychological medicine, but a work exhibiting a systematic view of the whole subject, of modern date and moderate size, was not, before the appearance of the work under review, obtainable. Considering the absolute necessity, existing at the present time, that all medical men should possess a fair amount of knowledge of what mental alienation really consists in, the work of Drs. Bucknill and Tuke is certain to be extensively sought after.

The treatment to which poor unfortunates who had lost their reason was subjected some fifty years ago, is scarcely credible to persons who know only of the humane measures which characterize the modern treatment of the insane. Formerly, Insane Asylums were gloomy prison-like buildings with grated windows, and iron barred doors; they were surrounded by high stone walls, and were usually placed in some low confined situation. Buildings which the passer by could not look upon without a feeling of dread, nor repress an involuntary shudder as the fate of the poor inmates rose before his mind, followed by the reflection that there was a possibility of himself becoming at some time placed in the same circumstances. If the exterior of the Asylum and its surroundings were devoid of beauty, and repulsive to those who looked on them, the interior and its arrangements were such as to excite the liveliest disgust and horror in those who had the courage or humanity to pass through them. "As you enter" says Dr. W. A. F. Browne, "a crank of bolts, and the clank of chains are scarcely distinguishable amid the wild chorus of shrieks and sobs which issue from every apartment. The passages are narrow, dark, damp, exhale a noxious effluvia, and are provided with a door at every two or three yards. Your conductor has the head and visage of a Carib; carries (fit accompaniment) a whip and a bunch of keys, and speaks in harsh monosyllables. The first common room you examine—measuring twelve feet long by seven wide, with a window which does not open—is perhaps for females. Ten of them with no other covering than a rag round the waist, are chained to the wall, loathsome and hideous; but, when addressed, evidently retaining some of the intelligence, and much of the feeling which, in other days, ennobled their nature. In shame or sorrow, one of them perhaps utters a cry; a blow which brings the blood from the temple, the tear from the eye,—an additional chain, a gag, an indecent or contemptuous expression, produces silence. And if you ask where these creatures sleep, you are led to a kennel eight feet square, with an enlarged air-hole eight inches

in diameter; in this you are told five women sleep. The floor is covered, the walls bedaubed with filth and excrement; no bedding but wet, decayed straw is allowed; and the stench is so unsupportable that you turn away, and hasten from the scene." Thank heaven for such men as Tuke, Pinel, Hill, Charlesworth and Connolly, who, prompted by their large and benevolent hearts, and with the sanction of their strong intellects, dared to regard the abused lunatic as a being higher instead of lower than the brute creation—who dared to look upon him as a brother; fallen indeed from that elevated position in nature which the possession of reason accorded to him,—but a brother still—who dared to strike the shackles from his limbs and free him from all mechanical restraint—who, instead of oaths and kicks and stripes, dared to speak in kindly tones, and soothe him with gentle pattings and coaxing words of sympathy and affection—who dared to rescue him from filthy straw and loathsome dens, and raise him to a state of cleanliness and comfort.

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ART. XXII.—*Selections from Favorite Prescriptions of Living American Practitioners.* By Horace Green, M.D., L.L.D., President of the Faculty, and Emeritus Professor of the Theory and Practice of Medicine in the New York Medical College; Corresponding Fellow of the London Medical Society; Member of the American Medical Association, etc., etc. *New York:* Wiley & Halsted. 1858. pp. 206.

While we object to every thing savouring of routine in the practice of medicine, still we are of a opinion, that a knowledge of the combinations of medicine, which celebrated practitioners are wont to employ in their prescriptions for the relief or cure of certain well defined diseased states of the body, cannot but be of benefit to their confreres. We are pleased, therefore, to have in our possession the "Selections" which Dr. Green has made from favorite prescriptions of living American Practitioners, and can recommend the work containing them to our readers as one in which they will find much that is useful and instructive. The style of the work will not be unfamiliar to them, as we have occasionally transferred portions of it from the pages of the American Medical Monthly, where they first appeared, to our own columns.

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ART. XXIII.—*Lectures on the Diseases of Women.* By Charles West, M. D.; Author of "Lectures on the Diseases of Children;" Fellow of the Royal College of Physicians; Examiner in Midwifery at

the Royal College of Surgeons of England; Physician Accoucheur to St. Bartholomew's Hospital; and Physician to the Hospital for Sick Children. Part II. Philadelphia: Blanchard & Lea. Montreal: B. Dawson & Son. Quebec: Middleton & Dawson.

We had the honor of noticing the first part of these very valuable lectures a little more than twelve months ago; the part that we are now favored with completes the series. The two may be had separately or jointly as a single volume. The present part comprises twelve lectures, upon several subjects of great moment to the practitioner; as for example, inflammation of uterine appendages and of the pelvic cellular tissue; ovarian tumors and dropsy; diseases of the female bladder; diseases of the urethra and vagina; and diseases of the external organs of generation. We feel we are placing our readers under obligations to us in introducing to their acquaintance this important treatise; for, having been informed of its completion, and knowing it can be procured at the cost of merely a few shillings, they are without further excuse, beyond what lies in themselves, if they neglect the opportunity afforded of possessing a compendium upon female diseases, elaborate and well digested, which brings down the descriptions to the state of science at the present day, and embodies the personal experience of an eminent author, equally distinguished for his varied scholastic acquirements, as for his high obstetrical reputation.

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## CLINICAL LECTURE.

(*From London Medical Circular.*)

*On Diseased Mitral Valve of the Heart and Hydro-Thorax.* By E. H Parkes, M.D., L.R.C.P., Physician to University College Hospital, &c.

Gentlemen,—The case to which I wish to-day to direct your attention is one of considerable clinical interest, as it is a disease very often met in practice, and one which you should be prepared for in all its bearings. The case is that of the man named L—, who died this week, and where we found diseased mitral valve, the other valves of the heart having escaped quite free. I here show you the heart: you see the condition of things, and that by a slow fibrous chronic thickening, with calcification of certain points, this mitral valve had been for some time unable to perform the duty usually imposed upon it in health. The mitral valves you know, are attached near the auriculo-ventricular opening of the systematic or left heart; they consist of only two segments, of which

the larger is placed between the auriculo-ventricular opening and the commencement of the aorta, and acts the part of a valve to that foramen during the filling of the ventricle. Well, what do we find here? First, great dilatation of the left auricle from the stagnation or stasis of the blood in this part on its arrival from the lungs, and consequently also from the liver. The left ventricle, we see also, is diminished in its area or capacity; its walls are moderately thick; its "chordæ tendineæ," which are usually attached to two large "columnæ carneæ," are shortened very considerably. We very often find, in these cases, that the left ventricle is very much diminished in size or area,—it is not so here. We have hitherto understood the power of these valves to close the opening; in this case also we see the aorta is small in calibre, but the pulmonary artery very large. We find that this man never had rheumatism; the size of the heart is augmented, and the weight, which ought in health to be about 9½ ounces, is increased to 12½ ounces. The case, in itself, is not one of very unusual occurrence, but it may form a very valuable key for you to a large number of heart diseases. Indeed, I am more anxious to show you plain simple cases at present, than to encumber the subject with too much therapeutics or pure pathology.

Then, as to "physical signs" and "symptoms," it is instructive for you to remember that these were so slight that, though the poor man was all but dying of heart disease, this latter did not attract attention. The pulsation of the heart on his admission to the hospital was remarkably feeble. There was some slight alteration, it is true, in the normal position of the heart; there was however no "thrill" or enlarged area of dulness. When my attention was drawn to the case, I detected a systolic murmer, which indicated mitral regurgitation; there was no murmur with the diastolic sound; the action of the heart was, as you remember, very feeble, which rendered the *diagnosis* one of some difficulty, and you must take this with you, all the other valves were quite healthy! How, then, were you to diagnose diseased mitral valves? for you must remember all the other valves were healthy? We have to reason backwards, as it were, and trace the disease by its symptoms, but in the present case the symptoms did not follow the usual course, yet we will go over the symptoms as usually observed in such cases.

First, as to pain of the left side and palpitation, so common in these cases. This man did not seem to suffer in this way; perhaps the treatment checked it; nor did he complain of oppression of breathing often so painfully characteristic of mitral disease. It is curious that his first symptoms were those of vomiting and spitting of blood exactly a year ago; after this attack we learn that he remained comparatively free from

illness at his work till Christmas. Now one does not often associate a poor working-man engaged at his daily task with severe organic heart disease, but so it was in reality in this case: he lost flesh then, and complained of night perspirations; he had a cough, and, again, some spitting of blood. This induced suspicion of tubercles in the lungs, where he was treated out of hospital; but you see all these symptoms are merely indications of what, in reality, then existed—not tubercles—but "apoplexy" in the lung from the stasis of blood consequent on the mitral obstruction; the blood, in fact, as we now know, came from the base of the right lung. This we see here by these microscopic preparations. (Several microscopic recent preparations were on the table, to which the students were referred for further information after lecture—a plan of teaching, by example, that we are glad to find is becoming very general in our London schools. In cancerous diseases, however, it is every day becoming more and more evident that the microscopists have had the affair too long all to themselves.) This right lung is also compressed to one-fourth its normal size by the pressure of fluid in the pleura; pulmonary apoplexy is one of the later signs of mitral obstruction; "fatty degeneration" of vessels will take a long time also before it leads to hæmoptysis; yet we are told the hæmorrhage lasted for an entire fortnight, and he was admitted into hospital in September. We found him in that month in the condition just stated, and, in addition, he soon became the victim of dropsy or ascites; eighteen pints of fluid were removed from the peritoneum. In the generality of cases of mitral disease we find the liver enlarged and in a condition that I described in a recent lecture as the "nutmeg liver;" but here the liver was of average size and weight (forty-eight ounces); the remora or backward wave of stagnant blood had not reached in any appreciable degree the portal circulation.

Anasarca almost always precedes ascites in these cases of mitral disease. This poor man, however, had swelling of his abdomen for some weeks before he became anasarcous; there was marked pleurisy on the left side, as evidenced by "friction fremitus" and friction sound—then rapid effusion of fluid into both sides of the thorax. All this disease was due to the contraction of the mitral valve; that was the starting-point of all his ailments, showing us what a very serious disease rheumatism may become, though not the exciting cause in this case as it usually is in many others.

The fluid in the chest was free from fibrinous flakes or pus, and in fact was evidence of genuine hydro-thorax; there was rapid effusion, as I have said, into both sides, from simple obstruction of the small vessels, and this fluid of hydro-thorax in its turn compressed the lung in its lower

lobes, already injured by pulmonary apoplexy. How great and serious is the necessity, then of watching the heart and curing endo-carditis when it occurs in rheumatism, and thus prevent this catalogue of bad results. The upper lobes of the lungs, it is true, feebly compensated for all this mischief; the fluid was increasing, however, in the pleura before the man came to hospital in September, and after this the symptoms remained *in statu quo* as they were beyond our skill; œdema of the feet came on, subsequently he suffered still more from dyspnœa and cough, loss of flesh, and he ultimately sunk about a month from his admission, as you witnessed a few days ago.

You see, then, here how powerless our best concerted measures must prove where we have intractable organic disease of the heart to deal with; we can only attack such diseases of heart in their early and inflammatory states.

You see, then, here also how difficult was the diagnosis where we had all this fluid in the pleura, and how likely we might be to err and pronounce the case tuberculosis. Even in this man there was a hereditary tendency to tubercle, likely also to mislead. In all such cases the safer rule is to defer giving an absolute opinion, and to treat symptoms as they arise. It is also a curious fact—indeed, all but an absolute rule—that where we usually have diseased heart, we have no tubercle; there is something like an antagonism between the two—but of this subject you will probably hear more in your ordinary lectures on "Medicine." Looking back at the case, then, finally, we now find that the mitral obstruction was all but overlooked, due no doubt to the excessively slow circulation through the heart and feeble pulse; if we had acted on the principle of "exclusion," we might have come to a more accurate diagnosis, but still I fear it would not have been of much utility. You see here the liver was hard and granular, with some slight increase of adventitious tissue, probably producing impediment to portal circulation. There was nothing remarkable in the other organs; kidneys were healthy as to size, firm, and dense; pancreas also hard. Now, as to the cause of this disease—"mitral thickening." Indulgence in spirituous liquors and gout are the most common; the treatment, I fear, was never such as to give us much hopes of recovery; the heart's action was supported, and we took care to do no harm by a too active depressing or weakening plan of treatment. The case, in fact, was already incurable when it came to the hospital.

## THERAPEUTICAL RECORD.

*Virginia Medical Journal.*

*Application of sugar when lime has entered the eye.*—The Indicateur de Mayence, in relation to cases of workmen becoming blinded by the action of lime which has entered the eye, recommends, as a well approved application in the case of such accidents, a strong solution of sugar, which is to be inserted drop by drop under the eyelids. This application can usually be immediately obtained, and completely prevents the caustic action of the lime.—*Journ. de Chimie Méd.*

*Argenti nitras in oxyuris vermicularis.*—By Dr. C. H. Schultz. The author ordered enemata of argent. nitr. crystal. grs. x-xv, to aq. distil. ℥ iv, and cured his patients, with two or three injections of this kind, completely, and without trouble. The first injection does usually not remain long, and with it many partly dead, partly live worms, are discharged. The subsequent clysters, however, remained six to twenty-four hours, and a great number of dead worms were evacuated with them.—*Deutsche Klinik.*

*Uva ursi, as an obsterical agent.*—Dr. Beauvais strongly recommends the substitution of this for the secale cornutum, being as efficacious, and far more innocent in its operation. In ordinary delayed labor he gives grs. xv., in infusion every hour; but when rapid effects are desired, as in metrorrhagia, a decoction of 4 drachms to a quart of water should be employed, in divided and frequent doses. In hæmaturia, incontinence of urine, menorrhagia, etc. he has found a syrup, made of 90 parts of the leaves to 1000 parts of sugar, and 9.8 of boiling water, a good preparation.

*Cerate of opium in carbuncle.* By. Dr. W. Von Gutzeit.—A cerate containing one-half drachm of opium to two ounces of simple cerate, is spread thickly upon linen and applied to the swelling and its neighborhood. This application diminishes pain quickly, generally in about half an hour, hastens suppuration, the detachment of the slough, and the cicatrization of the suppurating surfaces, and ameliorates the general condition of the patient. No medicine was given internally. The opiate cerate can be used at any stage of the disease, and its curative effects seem to surpass that of every other known remedy.—*Medic. Ztg. Russel.—Schmidt's Jahrbücher.—N. Y. Med. Chir. Rev.*

*Natural anæsthesia in tracheotomy.*—"M. Bouchut," says M. Demarquay, "has called the attention of the academy to the anæsthesia, which is observed in children who have reached the last stage of croup. I have also demonstrated, that all individuals who are submitted to tracheotomy to avoid imminent asphyxia, are insensible. D. Dameril and I observed this fact six years ago." M. Demarquay then relates several cases showing that the patient was unconscious of the operation being performed upon him.

*Sulphate of atropine in scrofulous ophthalmia.*—Dr. Grosmann has found that the sulphate of atropine is of remarkable efficacy in the blepharospasm which is almost always present in scrofulous conjunctivitis, keratitis, blepharitis. Amelioration follows the second, if not the first application. The action of the remedy does not seem to be confined to assuaging the hyperæsthesia of the fifth pair, the motor nerves of the region becoming partially paralyzed,—*Bresse Bedge.*

# PERISCOPE.

*Analysis of fifty-two cases of Epilepsy observed by the author:* By Dr. Sieveking, Physician to St. Mary's Hospital. (Proceedings of the Royal Med.-Chir. Society, vol. i., No. 3, 1857.)

The fifty-two cases analyzed had occurred exclusively under the author's own observation, and the conclusions were limited to points with reference to which satisfactory evidence could be obtained.

*Sex.*—Twenty-four were females, 46.15 per cent.; twenty-eight were males, 53.84 per cent.

*Age.*—The following is the distribution of the cases throughout the different periods of life. Under ten years, seventeen; from ten to twenty, nineteen; twenty to thirty, four; thirty to forty, four; forty to fifty, seven; over fifty, one; or from infancy to the age of twenty years inclusive, 69.23 per cent.; from twenty-one to forty years inclusive, 15.38 per cent.: from forty-one to fifty-five years inclusive, 15.38 per cent. Arranged according to sex, we find during the first decennium, eight males and nine females; during the second, twelve males and seven females; during the third, two males and two females; during the fourth, the same number of each; during the fifth, two males and three females; during the sixth, one female. The male sex, during puberty, therefore, seems to exhibit a more marked proclivity to epilepsy than the female; at later periods the ratio returns to the equality shown to prevail during the first ten years of life.

*Causes.*—Hereditary tendency could be traced only in six cases, or 11.1 per cent. A definite cause was assigned by the patient or the patient's friends in sixteen cases, or nearly one-third of the whole. Amongst these, otorrhœa is mentioned twice; fright, twice; injury to the head, twice. The cases differ in the relation they bear to the occurrence of the seizure.

*Premonitory symptoms.*—The occurrence of an "aura" is a point on which observers have expressed different opinions. Comprising under this term all the premonitory symptoms indicating the approach of a fit, it is noted in twenty-seven out of fifty-two cases; the most common was a sense of giddiness, and impairment of vision; sometimes the patient suffered pain in a definite region of the body, or, though unable to explain the sensation, was aware of some change, from which they knew that a paroxysm was about to take place. The sensation was never described as a puff of wind or aura in its verbal sense.

*Individual symptoms.*—Headache is a very frequent concomitant of epilepsy. It was observed in thirty-three out of fifty-two cases, or 63.42 per cent. The mode of its occurrence varies; the patient either suffers

habitually or very frequently from it, and the symptom bears no immediate relation to the paroxysm; or the headache occurs shortly before the fits, so as to usher them in; or, again, it affects the individual after they are over. It was constant or frequent in 36.5 per cent.; it occurred before the fits only in 7.7 per cent.; it occurred after the fits only in 17.3 per cent. Biting the tongue is justly regarded as an important corroborative symptom; but it is by no means uniformly present, nor does it constantly occur in the different paroxysms affecting the same individual. The tongue was bitten in seventeen cases, or 32.7 per cent. The urine was tested for albumen in nineteen cases, and it was found temporarily present in one, permanently in one. It was also tested for sugar in fourteen cases, and this ingredient was not found once—a result which seems irreconcilable with the observations of Dr. Goolden.

*Results of treatment.*—The author ventured to express a feeling of scepticism with regard to the positive certainty of any cure of epilepsy. He believed that, in the majority, no organic lesion, in the ordinary anatomical sense of the word, is present in the commencement of the disease, and that, in a large number, none seems to result from the recurrence of the fits. It appears that a diathesis is necessary to its occurrence, and that this may be suppressed or held in check; but whether it may be eradicated, is a question which he would not venture to answer in the affirmative. He was satisfied of the power of well-selected remedies in repressing, and often indefinitely postponing the paroxysm, and he particularly insisted on the importance of dietetic and regiminal treatment. The number of apparent cures was fifteen, or 28.85 per cent.; in other instances, more or less benefit was obtained. The duration of the disease before treatment is commenced has an obvious influence over its curability. Eight of the fifteen (apparent) cures were wrought in cases that had lasted one year or under, four were of two years' duration, one of three, one of six, and one of eight years. The treatment adopted had varied with the nature of the constitutional affection in each case; but he was able to draw this general inference, that the main indications which should guide us, are to remove local irritation by counter-irritants, to promote the healthy action of the secernent organs, and to give a tone to the constitution by vegetable and metallic roborants. The author expressed his belief that there was no specific for epilepsy; the salts of zinc certainly fail to remove it in many cases.

In a postscript he detailed the results of an analysis of the Returns of the Registrar-General with reference to sex in deaths from epilepsy during seven years; which gave six thousand seven hundred and twenty-nine males, and six thousand one hundred and forty-nine in females, or 52.26 of the one sex to 47.73 of the other.—*Ranking's Abs., Dec.*, 1857.

*The Treatment of Burns.*—Sir, A short time since, when commenting on a case of severe burn then under treatment in the Royal Free Hospital, you suggested as worthy of trial in our hospitals a plan of treatment pursued in Massachusetts, consisting of the application of a thick mucilage of gum acacia over the recent burn, and then dashing this well with dry powder. Some time ago, while a resident officer in King's College Hospital, I tried a method which in some sort resembles this, but which on the whole, I think possesses some advantages over it. At that time I was not aware that any similar plan had been followed, but I can add my testimony to the very efficient way in which it acts.

The treatment to which I allude consists in the application of a mixture of collodion and castor oil, in the proportion of two parts of the former to one of the latter. It will be found that these two substances mix in the most perfect manner, and do not afterwards separate. I tried many other oils, thinking that perhaps the irritant principle of castor oil would act prejudicially on an inflamed surface; but none seemed to answer so well; many of them, indeed, would not mix at all; and I never found any ill effects to follow its use. The mixture may be kept ready for use for any length of time in a bottle well stoppered. It should be used thus:—As soon as the accident happens, the parts injured should at once be well covered with the mixture, applied with a camel's hair brush. In a few minutes this will have completely dried, and have left a firm adhering covering. A second coating should then be applied, I deem this advisable to make it more effectual. Nothing more need be done at present; the case may be left quite exposed, and no fear need be entertained of air reaching the wound; it is felt almost as if a new skin were applied. Now and then it should be looked at, to see if any cracks have been made by the movement of the parts; and it is well, for the first two or three days, to paint it over with the mixture night and morning; no other local treatment is necessary. In a few hours it will be found that the inflammatory action has greatly subsided, and in a few days suppuration will be sure to have begun under the artificial covering. This must be removed. A poultice, either of bread, or linseed-meal, will readily effect this; one generally suffices. A clean, healthy granulating surface is what we have now to contend with, and this may be dressed as any ordinary wound; water dressing is, I think, the best, but simple cerate, or any other mild application, may be preferred by some.

A large number of cases have been treated in this way at King's College Hospital; indeed, it is now quite the recognized plan, and experience proves its superiority over the older methods. The advantages gained

by it are these:—There is also an entire freedom from pain. I have seen it applied in extensive burns of children, and so great was their relief that they would hold out their arms to have it applied. The covering formed is much more complete for preventing the contact of air than any other, and, from its transparency we are able to see the condition of things underneath, without at all disturbing the dressing, which is always a most painful proceeding in these cases. Besides, it is much easier of application, much less inconvenient to the patient than bundles of cotton or wool (especially where the face is the part injured), cleaner, and more agreeable than the old carron oil, and unquestionably better than the application of powders, which always in a little while form with the discharges, thick, hard scabs, very painful to remove, and very injurious if allowed to remain. In the after treatment, too, when its removal is necessary, this is easily effected, and without any suffering to the patient, contrasting very happily with the immense amount of pain and trouble which cotton and wool occasions This plan is applicable in any case where treatment of any kind can be followed.

I may mention that I have also used this measure in the local treatment of erysipelas, and with the happiest result. There is no doubt that the contact of the air to any inflamed surface is exceedingly irritating, nor is the skin free from this influence. In this way I believe it is that by effectually preventing all contact of air, so much good results from its application in erysipelas; it is much more convenient and more effectual than covering the parts with flour, starch, or hot fomentations with oil-silk, which serve no other purpose, in my opinion, than that mentioned above; of course, when suppuration has begun, fomentation or poultice is the better thing to apply. I am, Sir, your obedient servant,

A. Meadows, M.B., London,

[*London Lancet.*

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*Treatment of Diabetes Mellitus. By T. Inman, M. D. Liverpool* —

It is desirable that contributions, however small, should be made from time to time respecting any new plan of treatment proposed for severe and almost intractable diseases. As yet we have had few reports upon the practice adopted by Dr. Budd of Bristol, in diabetic cases, although it was one eminently deserving of consideration.

I have, in my hospital experience, had four cases of diabetes mellitus under my care—two prior to the publication of Dr. Claude Bernard's researches, and the promulgation of Dr. Budd's views, and two since. Of the first two, I will only say that the patients went out of the hospital worse than when they came in, although no attempt was spared to benefit them.

The last two cases came to very different conclusions. I may, for the sake of brevity, describe both patients as being labouring men, about 40 years of age—ill for many months. The quality of urine passed was over twenty pints daily, the specific gravity 1-045; the presence of sugar was ascertained by fermentation and other tests. Emaciation was considerable, and thirst great. Both had been under dispensary treatment before their admission. In adopting a plan of treatment, I was guided by the following considerations:—

1. The liver naturally produces sugar in a definite quantity. In diabetes there is an excess of sugar, and we may fairly infer that it comes from the liver. Opium has a decided effect in diminishing the bile-producing or secreting function of the liver, and it is reasonable to suppose that it will reduce the sugar-forming function. Experience has long told us that no single remedy in diabetes has been so efficacious in diminishing the quantity, &c., of urine passed as opium. Opium, therefore, should be one ingredient in the treatment.

2. Again, Bernard has shown that the liver makes sugar, no matter what is the nature of the food employed. Dr. Budd has shown that some patients, at least, may be benefited by saccharine food. But my patients did not long for sugar, and they did enjoy their ordinary food; consequently, I neither restricted them to non-saccharine or non-amylaceous diet, or prescribed unusual quantities of sugar. They were to have the ordinary full diet of the hospital, but more in quantity if they chose, either of bread, meat, or potatoes.

3. It seemed to be clear, that in diabetes there was debility, implicating more or less the whole system; that there was danger of death by consumption; that the digestive powers, notwithstanding their apparent energy, must be impaired; at any rate, that opium was liable to disorder the stomach, and that it could be tolerated in larger quantity if combined with quinine.

The result of these considerations was the following prescription for a pill:—Opium, one grain; quinine, two grains—to be taken every four hours. Full house diet, with porter daily.

The effect of this was soon apparent. The men began to improve rapidly and steadily. The urine diminished until it stood at ten pints only per day, with a specific gravity of 1-035. Commensurately with this, their strength and spirits increased, and they gained in flesh considerably. The opium never affected the head except on one occasion, when the patient, hoping to expedite his recovery, took a double dose. The bowels were habitually regular. The plan of treatment was neither varied nor altered during their residence in the hospital. They remain-

ed under notice, the one about three months, the other for six weeks. Both left the house of their own accord, as they considered themselves sufficiently cured, and competent to do their ordinary work. I have seen one since he went out, and found that he continued strong, and, as he thought, well.

Of course, I do not imagine thas these two cases are sufficient to upset our older notions of the correct treatment of diabetes. I merely offer them as a small contribution to our general therapeutical stores.

I may just mention, as a curious fact, that one of my unsuccessful cases found that he received more benefit from a diet of raw beef than from any other thing dietetic or medicinal, which he had taken; and that every new medicine did him good for about two days.—*British Medical Journal.*

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*On Quinine in Scarlet Fever.* By P. Hood, Surgeon, London.

"As I regard quinine to be the sheet anchor of successful practice in scarlet fever, I am relieved of all anxiety as to the result of the disease, when I have once fairly established the regularity of its administration."

"Formerly I was in the habit of prescribing quinine, but without paying the attention which I have since found necessary to the previous exhibition of the emetic and purgatives. (Though I never lost a patient under the former course of treatment, I yet had often to contend against the complications that followed the subduction of the primary disease. Some of those cases were of the most severe kind; and I am now disposed to attribute much of this severity to the use of the very remedy—quinine—which I now find so eminently advantageous in preventing any such description of sequelæ or complications.) The curative efficacy of quinine, like that of every other remedy applied through the stomach, depends upon the due absorption of it into the blood by the process of digestion. This, however, will not be the case unless the system by the use of purgatives, as has been previously urged, is kept free from effete matters. When this most important preliminary object has not been obtained, quinine, instead of allaying the rapid action of the heart, accelerates it; at the same time rendering the skin hotter, and the rash more vivid in color, increasing the swelling of the face and eyelids, and injuriously affecting the internal mucous membranes. When proper attention has been paid to the evacuation of the bowels, quinine will be found to produce its effects in the most satisfactory manner. The accelerated action of the heart will abate, the skin will become cooler, and the nervous irritability—so strikingly displayed as the result of some poisonous influence pervading the system—will be tranquilized. The rash will soon

fade, and the swelling of the tonsils will diminish and gradually subside and no superficial ulceration will occur in these organs. I do not mean to say that all cases of scarlet fever are to be cured by the use of quinine: its positive value as a remedial agent ought not to be jeopardized by any such rash assertion. It is not my object to write a treatise in laudation of this medicine, but simply to state the success I have met with in employing it in conjunction with other medicines, without which I look upon it to be almost useless, if not in many cases prejudicial. There can be no specific for a disease like scarlet fever." "It must not be expected that malignant cases, which have been from the first neglected, can always be successfully treated by the administration of quinine. The dose should not be large, unless there be unmistakable premonitions of malignancy, putrescency, or exhaustion. Before any symptoms of the kind show themselves, all the advantages belonging to this medicine may be obtained from doses of a grain or two grains every four or six hours, according to the age and state of the patient. When there are symptoms of malignancy, the dose may range from three to five grains every four or six hours. The most convenient form for its administration is that of solution with sulphuric acid, and sweetened with syrup."

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*Pine Sap in Phthisis.*—The pine sap, recommended by Dr. Desmarts as a remedy for consumption, we suppose is simply the juice of the pine tree—any pine tree—as it flows from the incisions in the bark, before it thickens by exposure to the air. It is obvious that it can differ but little, if it differs at all, from the turpentine of commerce. It is by no means a new idea to use the products of the turpentine tree in affections of the lungs, and sometimes, we have no doubt, with decided advantage. Every body knows something of tar water, and the vapors of rosin, and many persons have great confidence in their virtues. We have known turpentine pills—we don't mean the oil of turpentine, but the inspissated juice—to play the part of a specific remedy in the hands of a quack doctor, who placarded the country with his wonderful cures of consumption. A decoction of larch has been recently recommended in England and Ireland by professional authority, for the like and other purposes. The larch yields turpentine, and therefore it can hardly be questioned that whatever remedial power it possesses is derived from the terebinthinate quality of the decoction. Because it cannot be called a new remedy, is no reason for refusing it a trial.—*Druggists Circular—Boston Medical Journal.*

# The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS, DIGNITATEM ARTIS MEDICÆ TUERI.

Medical Conservatism.—The practice of medicine is not ruled by a single or solitary principle. Disease presents a diversity of phenomena, and the method required for their removal must be equally varied. In reviewing the progress of the art, we discover distinct endeavors at separate æras to adapt to its results certain theories in explanation of them, which, meeting with more or less of general favor, indoctrinated themselves into the distinguishing characteristics of a so-called school. It is most remarkable that although the different opinions they imply have occasionally, but especially upon their first announcement, risen into such lofty ascendency as to eclipse all other competitors for professional acceptance, this peculiar position has sooner or later been lowered, the feeling in their absolute favor has moderated, and they have come to be acknowledged simply as admitted principles entitled to general belief, but not to be exclusively acted upon. They are retained and rendered subservient to the general good of the one great cause of truth. In this way, the science has preserved its unity, whatever has appeared to be a new evidence or a new light calculated to be profitable in its tendencies has been appropriated to the common purpose. Hence it is that when the present system of practice is examined, it is found to be in reality a compound, in which may be conspicuously witnessed the peculiarities of particular sects that have from time to time arisen; but where none of these is so prominently advanced as to preponderate over the rest, much less to exclude them altogether. Passing downwards from very antiquated periods, it may be ascertained that the most signal of the tenets entertained at special epochs have been by designation those of "contraria contrariis,"—antipathy,—mathematics,—chemistry,—antidotal power,—and "similia similibus," and a knowledge of the views at this day held by liberal practitioners shews that these six tenets all enter into and form the principles upon which disease is best treated. This may appear a strange amalgamation, but the proof of its existence, and also of its propriety, is abundant. How strongly does this fact contrast with the case of the irregular men who presume to practice physic

according to the narrow rules of a single division—to say the least how manifestly inferior must be their probabilities of success.

We are not the disciples of any one school of medicine. We hold medical truth in its entireness, not in part. There is a saying abroad, and the more ignorant have given it their sanction, that medical men who usurp to themselves legitimacy are allopathists; but it is false, we are physicians. We recognize no party, no eclecticism—we are not of allopathy nor of antipathy; as well might we call ourselves mathematicians or portrait painters, because we profess to explain the power of certain medicines by their material qualities, and represent, occasionally, in the system, a likeness of the disease we wish to remove, as well we repeat, might we assume these names as any other, such as allopathist, which only expresses a single article in our creed. The special appellation is a device of the enemy, of the renegade who has deserted the portals of rational medicine to reside in the gilded dwellings of empiricism,—of he who corrupts the faith of an individual sect by attractive pretensions and spicious blandishments,—as the Homoeopathist who believes in a combination of the "similia" postulate with diluted propositions that are an insult to common sense.

Such as these endeavor to impose themselves under some pompous name as the dispensers of a new style of physic. That they may not be overlooked as practitioners of the curative science, they would rob the physician of his fair name, of his rightful title, and award him in its stead, one euphonious with their own, so that the breach between them may not be so apparent; but the chicanery stands revealed in its shallow conceptions, there can be no parity of position or community of circumstances between the two. As truth is indivisible, so also is medicine, for both are built on facts, and these are too stubborn to be warped into any conceit that a heated fancy may picture. We therefore cannot hold any communion with they who prefer following the vain imaginings of their hearts to the teachings of centuries; who prefer the guide of their own speculations, as easier of acquisition, to the experience of the wisest of men extended over multitudes of generations. If they prove too perverse to retrace their steps, they must be resigned to the melancholy fate of infatuation which has overpowered them; and while he beholds them compassionately, the physician, as a duty he owes to himself, must not break down the barrier between he and them, between medicine and empiricism; nor must he ever sully the truth, that there are but two classes of persons who profess to cure the sick, and these are physicians and quacks,—legitimate and illegitimate practitioners,—rationalists and visionaries.

East India Medical Service.—In continuation of the qualifications for Medical Appointments, we publish below those of the East India Medical Service, as will be seen upon examination, it compares very favourably with the corresponding department of the British Army, we need hardly add that Canadians are equally competent to apply for admission into either, and we speak advisedly when we say that in point of mental attainment they will have at least as equal fitness as the natives of any other part of the world where the Science of Medicine is taught. The inducements offered by these services to young men desirous of providing for themselves is deserving of the consideration of all who are uncertain how to dispose of themselves upon having reached the Doctorate. Though relatively the annuity may fall much short of the revenue of the civilian who is in most busy practice, yet it is equivalent to the sum realized by the less prosperous number, and as these exceed the former it is to them a reference is most proper. The great advantages, however, are that the successful Candidate is placed beyond the reach of adverse circumstances or changes in the tide of popular favor, once entered, he is, unless by grievous fault of his own, independent for life. The provision lasts for the remainder of life, nor does it always cease with death,—for it goes even beyond the time of the individual's death and extends to his widow, should one be left behind. Whether he be able to pursue his duties actively, or whether he be overtaken by the disabilities of afflictions, from service or otherwise, he has still enough wherewith to supply his daily wants.

All natural-born subjects of her Majesty, between 22 and 28 years of age, and of sound bodily health, may be candidates for admission into the service of the East India Company, as Assistant Surgeons.

They must subscribe and send in to Dr. Scott, the Physician to the Honourable East India Company, ten days before the period fixed for each examination, a declaration to the following effect :—

"I (Christian and Surname at full length) a candidate for employment as an Assistant Surgeon in the service of the East India Company, do hereby declare that I was years of age, on the day of last, and that I labour under no constitutional disease or physical disability that can interfere with the due discharge of the duties of a medical officer; and I also attest my readiness to proceed on duty to India within three months of receiving my appointment."

This declaration must be accompanied by the following documents :—

1. Proof of age, either by extract from the register of the parish in

which the candidate was born, or by his own declaration, pursuant to the Act 5 & 6 William IV., cap. 62.

2. A certificate of moral character from a magistrate, or a minister of the religious denomination to which the candidate belongs, who has personally known him for at least two preceding years.

3. A diploma in surgery (or a degree in medicine, provided an examination in surgery be required for such degree) from some body competent by law to grant or confer such diploma or degree.

4. A certificate of having attended two courses of lectures, of six months each, on the practice of physic, and of having attended, for six months, the practice and clinical instruction of the physicians at some hospital containing at least, on an average, one hundred in-patients; or of having attended one course of lectures, of six months, on the practice of physic, and clinical instruction for twelve months.

5. A certificate of having attended, for three months, the practical instruction given at one of the public asylums for the treatment of the insane.

6. A certificate of having attended, for three months, one of the institutions, or wards of an hospital, especially devoted to the treatment of opbthalmic disease.

Candidates who may not have been able to attend the practice of an asylum for the insane, or of an ophthalmic hospital, for three months previous to their offering themselves for examination, will not be excluded from examination, but will, if successful in obtaining recommendation for appointments, be required to produce certificates of having attended such practice during the interval between the examination and the time of proceeding to India.

7. A certificate of having attended a course of lectures on midwifery, and of having conducted at least six labours.

8. A certificate of having acquired a practical knowledge of cupping.

Candidates may also, at their option, send in certificates of attendance at any hospitals, or on any courses of lectures, in addition to the above. Attendance on a course of military surgery, and the practical study of surgical operations on the dead body, are recommended.

The examination will include the following subjects :—

1. Surgery in all its departments.

2. Medicine (including the Diseases of Women and Children), Therapeutics, Pharmacy, and Hygiene.

3. Anatomy and Physiology, including Comparative Anatomy.

4. Natural History, including Botany and Zoology.

The following are the books recommended in—

*Zoology and comparative Anatomy*—Outlines of the Structure of the Animal Kingdom, by Rymer Jones: or Cours Elementaire d'Histoire Naturelle, par Milne Edwards.

*Botany*—Lindley's School Botany, or Lindley's Elements of Botany.

The examination will be conducted—1. By means of written questions and answers. 2. By object examinations and experiments, when the subject admits of such tests. 3. By practical examination of patients, and by operations on the dead body. 4. By *vivâ voce* examination.

The persons who shall be pronounced by the examiners to be the best qualified in all respects will be appointed to fill the requisite number of appointments as Assistant Surgeons in the East India Company's Service; and so far as the requirements of the service will permit, they will have the choice of the Presidency in India to which they shall be appointed according to the order of merit in which they stand on the list resulting from such examination.

All Assistant Surgeons are required to subscribe to the Military or Medical, and Medical Retiring Funds, at the Presidencies to which they may be respectively appointed, and the Military Orphan Society also, if appointed to Bengal.

All Assistant Surgeons who shall neglect or refuse to proceed to India under the orders of the Court of Directors, within three months from the date of their appointment, will be considered as having forfeited it, unless special circumstances shall justify a departure from this regulation.

A copy of these regulations, and any further information, may be obtained on application to the Secretary of the Military Department, East India House.

The examinations will take place in the months of January and July in each year, and due notice will be given, by public advertisement, of the days appointed, and of the probable number of candidates to be selected.

The Examiners for Assistant Surgeons in the Honourable East India Company's Service having received many inquiries as to the object and extent of the examination in Comparative Anatomy, Zoology, and Botany, have considered it desirable to announce that their objects are—

1. To ascertain who of the candidates have devoted special attention to any of these sciences, and are hence qualified to undertake duties requiring a knowledge of them, as well as the general duties of the profession. Proficiency in the sciences will, in classifying the candidates by merit, be entitled to great consideration.

2. To encourage all candidates to acquire an elementary knowledge of the structure and affinities of the principal natural families of animals and of plants, with the general plan on which these are constructed, and the functions and relations of their most important organs.

3. To promote the study of natural history, as a most important adjunct or preliminary to a liberal medical education; that of Comparative Anatomy, Zoology, or Botany, if properly cultivated, by means of specimens, for even a short period, being eminently calculated to develop habits of close observation, and to strengthen those powers of reasoning upon observed facts, which must be habitually exercised by medical men everywhere, but which must be exercised with the greatest energy and promptitude by those who practise in a tropical climate, and who are often thrown wholly upon their own resources.

The general examination in these sciences will be elementary, and will embrace a very limited range of technical terms. At the written examinations a considerable number of questions will be put, with the view of allowing each candidate to select such subjects, as he has attended to, and thereby of enabling the examiners to ascertain the particular departments of science in which the verbal examination should be conducted.

With those candidates who have attained proficiency in every branch of these sciences, the verbal examination will be pursued in the branch selected, so as to ascertain the full extent of their knowledge.

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Memorandum as to the Pay and Allowances of Medical officers in the East India Company's Service.—Pay and allowances and time of service commence from date of arrival at the Presidency to which they are appointed.

On first arrival, and whilst attached to the General Hospital at the Presidency, they are granted pay and allowance (inclusive of quarters valued at Rs. 25 per month) amounting per month to Rs. 220.

When posted to do duty with corps, they receive the following allowances:—

| | | Within 200 miles of the Presidency, Per Month. | | Beyond 200 miles from the Presidency Per Month. |
|---|---|---|---|---|
| | | R. A. | | R. A. |
| Including conveyance allowance of Rs. 30 a month. | Horse Artillery and Cavalry, | 363 6 | ..... | 395 4 |
| | Foot Artillery,.. | 264 4 | ..... | 295 12 |
| | Infantry, .. | 255 12 | ..... | 286 10 |

When in charge of corps as Assistant Surgeons, having passed the prescribed examination in native languages :—

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Including a Staff Sal'y of Rs. 165 a month. | Horse Artillery and Cavalry, | R. | A. | | | R. | A. |
| | | 499 | 6 | ..... | | 530 | 4 |
| | Foot Artillery,.. | 399 | 4 | ..... | | 430 | 12 |
| | Infantry, .. | 390 | 12 | ..... | | 421 | 10 |

When in charge of corps as Surgeons, having passed the prescribed examination in native languages :—

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Including a Staff Sal'y of Rs. 300 a month. | Horse Artillery and Cavalry, | R. | A. | P. | | | R. | A. | P. |
| | | 821 | 11 | 4 | ..... | | 863 | 0 | 4 |
| | Foot Artillery,.. | 692 | 5 | 0 | ..... | | 733 | 10 | 0 |
| | Infantry, .. | 674 | 1 | 0 | ..... | | 715 | 6 | 0 |

Surgeons and Assistant Surgeons of European corps are granted, in addition, an allowance of Rs. 25 per month, for every 100 Europeans under their charge.

Surgical instruments are provided by government.

*Furloughs. On private Affairs.*—For two years, after ten years' service in India, with pay, if a Surgeon, 10s. 6d. a day. If an Assistant Surgeon, 6s. 6d. a day. A second furlough for two years, after expiration of ten years from date of return to duty from first furlough, with pay as above.

*On sick Certificate.*—For eighteen months, with India pay and allowances for six months; for the remaining, with furlough pay as above. Time may be extended on renewed medical certificate, with pay, for three years in the whole. Assistant Surgeons returning to England on sick certificate receive Rs. 1,200 passage-money.

RETIRING PENSIONS.

| | | | | |
|---|---|---|---|---|
| After 17 years' service | ..... | £191 | per annum. |
| " 21 | " | ..... | 250 | " |
| " 25 | " | ..... | 300 | " |
| " 29 | " | ..... | 365 | " |
| " 32 | " | ..... | 500 | " |
| " 35 | " | ..... | 700 | " |

The full time of service must be completed in each case. Out of that time leaves of absence in India or Europe, or elsewhere, to the extent of one year and eight months in seventeen years, two years in twenty years, three years in twenty-five years, and four years in thirty years, will be allowed to count as service.

Medical Officers compelled to quit the service by ill health, before they are entitled to retiring pensions as above, may retire on the following rates of pension, viz :—

| | | | |
|---|---|---|---|
| Assistant Surgeons, after | six years' service in India, | £54 15 | per annum. |
| " | ten " " | 73 0 | " |
| And if they have attained the rank of Surgeon, | | 127 15 | " |

Assistant Surgeons compelled to quit the service by wounds received in action, or by ill health contracted on duty, after three years' service in India, are permitted to retire on £73 per annum.

WIDOWS' PENSION FROM LORD CLIVE'S FUND.

| | Per annum. |
|---|---|
| Widow of a Member of the Medical Board on declaration that the deceased Officer was not possessed of or entitled to the sum of.....£4,000 | £114 1 3 |
| Do. of Superintending Surgeon,..... 3,000 | 91 5 0 |
| Do. of Surgeon,..... 2,000 | 45 12 0 |
| Do. of Assistant Surgeon,..... 1,000 | 22 16 3 |

*Note.*—For informations respecting the Pensions to Widows and Children, and other advantages, from the Military, Medical and Orphan Funds; also for information as to the Annuities to Retired Medical Officers from the Medical Retiring Funds; and as to the rates of subscriptions, &c., applicants are referred to the Agents of those Funds respectively, viz :—

Bengal Military Fund—Lieut.-Col. H. B. Henderson, Old Jewry Chambers.

Bengal Orphan Society—Lieut.-Col. W. Turner, 69 Cornhill.

Bengal Medical Fund—Messrs. Counts & Co., Strand.

Madras Military Fund—Messrs. Grindley & Co., 63 Cornhill.

Madras Medical Fund—Messrs. Alexander, Fletcher, & Co., King's Arms Yard.

Bombay Military Fund. and Bombay Medical Fund—Messrs. Forbes, Forbes, & Co., King William-street.

## MEDICAL NEWS.

Dr. William Burton has been elected Governor of Delaware. The Doctor is about 70 years of age, and practiced in Milford, in that State, about 45 years. ——The Governor of New Jersey, Dr. William A. Merrill, of Allentown, is a physician in active practice.——An English gentleman, Lieut. Twyford, has taken a singular step in the way of promoting the study of natural history, more particularly in the craniological department, as instanced in his contribution to the museum of Rouen. That capital of Normandy has just received in a barrel of rackee five heads of Sepoys, classified according to caste.—— The papers inform us that Miss Amy Sedgwick, London, the popular actress, has bestowed her hand on Dr. Parkes, who had the fortunate privilege of attending her in her late illness.——M. Kolliker, at a Congress lately held by the savans of Germany, at Carlsruhé, charmed his audience for an hour on the anatomy of the internal ear of the snail.——Lord Monboddo sustained: A new wonder has been lately announced, in a treatise by M. le Baron Ancapitaine, viz., men with tails—the Yem-Yem, a negro tribe, who are reported to have a remarkable extension of the os coccygis.——In the Botanical Gardens, Regents Park, an American aloe may now be seen in full bloom. The plant is upwards of 120 years old, and has not before exhibited a bud. The last instance of the kind, at the same gardens, occurred in 1849.——The number of students attending lectures at the larger medical schools of the United States this winter is as follows: Jefferson College, Philadelphia, 550; University, Philadelphia, 400; College of Pennsylvania, 125; School of Philadelphia, 130; University, New York, 210; College of Physicians and Surgeons, New York, 175; New York College, 55. University of Nashville has been quoted at everything from 200 to 400. The class at Boston numbers 139.——A hot war is now waging between Professor Bennett and the eccentric Edinburgh Town Council. At a recent meeting held by the inhabitants in connection with the municipal elections, Professor Bennett accused the University of mal-administration in collegiate affairs. The Councillors, therefore, on October 30th, most forcibly vituperated the Professor, using, among other expressions in the debate, such epithets as "mountebank," "cursed thing," etc. The Lord Provost said they certainly placed their reputation much at stake, and consequently a *quasi* apology was made.——The consumption of tobacco in France increases most rapidly. The sale brought, on an average, a nett revenue to the treasury, in the last years of the empire, of 20 millions a year. In 1820 the produce was 42 millions; in 1841, 72 millions; and in 1856, 121 millions. Each inhabitant in 1820 consumed in the year, on an average, 352 grammes (500 to the pound); in 1841, 480; and in 1856, 706.——Addison tells us of a Parisian quack, who had a boy walking before him publishing, with a shrill voice, "My father cures all manner of distempers." To which the quack-doctor added in a solemn tone, "The child speaks truly."——The distinguishing features of empiricism are, large promises, stout lies, and affected sanctity.——Dr. Alexander Fidden, of Kingston, Jamaica, (W. I.) lately extirpated the entire tongue from a middle-aged female, who had been suffering for several months from cancer of the organ. She was reported to have recovered completely.

THE

# MEDICAL CHRONICLE.

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## ORIGINAL COMMUNICATIONS.

ARTICLE XVIII.—*On Inflammation of the Bursa under the Tendon of the Sartorius Muscle.* By ROBERT L. MACDONNELL, M D., Surgeon to St. Patrick's Hospital, Montreal.

There is a form of bursal enlargement met with about the knee-joint, which I should suppose to be of frequent occurrence, if I were to judge from my own experience, but which has not been noticed till recently by writers upon the affections of the bursæ.* I allude to acute and chronic inflammation of the bursa lying under the tendon of the Sartorius muscle, near its insertion into the head of the tibia.

The following cases will serve as examples of the acute and chronic forms of the disease :—

A strong, healthy young woman, unaccustomed to walking long distances, passed all day strolling about the Mountain of Montreal in company with her friends, and returned to town, greatly fatigued, in the evening. About the middle of the night she awoke, suffering acute pain in the right knee, and at the upper and inner part of the head of the

* There is no allusion to disease of this bursa in the excellent lectures of Mr. Coulson, recently published in the Lancet, nor in the valuable papers, on the Bursæ in the neighbourhood of Joints by Mr. Barwell, also printed in the Lancet.

tibia. The next day the pain increased, and she was unable to extend the leg or to bear her weight upon it. Two days after, she was admitted, under my care, into the Montreal General Hospital, of which institution, I was then, one of the Surgeons. On examination, a painful swelling was noticed at the inner side of the head of the tibia, about the size of a hen's egg; the skin covering it was tense and shining; the tumour advanced upwards to the inner edge of the patella; and, when pressure was made upon it, it became somewhat less, and could be pushed under the tendon of the sartorius. The form of the tumour was changed according as the leg was flexed, extended, or adducted, and the pain was greatly increased when contraction of the sartorius was made; the leg was slightly flexed. There was no swelling at either side of the patella, and the shape of the knee-joint itself was unchanged.

The usual antiphlogistic treatment was employed without any benefit. On the contrary, the tumour became larger, though less painful. I was engaged in pointing out to the students the peculiarities of the case, when my friend Dr. Peltier, physician to the Hotel Dieu, entered the ward, from whom I borrowed a small trocar, such as are put up in French pocket-cases, with which I punctured the tumour, and drew off about an egg-cup full of clear fluid. The wound was closed with plaster, a compress placed over the seat of the tumour, and a roller carried round the joint. She left the hospital a week after, quite well.

The above case occurred in the summer of 1848; and since then, I have met similar cases. Being under the impression that I had first seen an example of this disease in the practice of Mr. Adams of Dublin, and not finding any allusion to it in his article on the "Abnormal Condition of the Knee-Joint," published in *Todd's Cyclopædia of Anatomy*, I wrote to that distinguished Surgeon on the 13th of Nov., 1857; mentioning, at the same time, that I could find only one author who alluded to the matter, viz., Nélaton, in his Clinical Surgery, published by Atlee in 1855, seven years after I had treated the foregoing case. Mr. Adams stated, in reply, that he had not met with the disease, although he had seen a similar affection on the outer side of the knee-joint, and that a cast of the case was in the museum of the Richmond Surgical Hospital. He had also met with enlargement of the bursa in the popliteal space, and had delineated it, in his recent work on "Chronic Rheumatic Arthritis."

The following case is an illustration of the chronic form of the disease:

A strong young woman, was admitted under my care into St. Patrick's Hospital, January 12th, 1859, labouring under a painful affection of the left knee of three months' duration. She stated that she

received a severe blow upon the inner side of the knee about three months before, and that she had suffered severe pain in that situation ever since, and on admission, there was fixed pain at the inner edge of the head of the tibia, corresponding to the insertion of the sartorius muscle, most intense at the commencement of the spine of the tibia. It was greatly increased by walking or standing erect, and was relieved when the leg was semiflexed. Corresponding to the seat of the pain, there was a well-marked flattened swelling, resembling a section of an orange; it was fluctuating, and admitted of alteration of shape according as pressure was modified. The fluid could not be displaced beyond the limits already pointed out. There was no alteration whatever in the shape of the knee-joint itself. The application of blisters, and rest in the recumbent posture, succeeded in dispersing the tumour.

A case has recently been published in the *Lancet's* "Mirror of London Surgery," which occurred in the practice of Mr. Fergusson, who does not, however, allude to the disease in the last edition of his *Practical Surgery*. In this case Mr. Fergusson opened the tumour, and then passed a seton through it. The result was not mentioned.

The treatment should be guided by the principles which regulate the management of enlarged bursæ in other situations. In chronic cases, I would recommend tapping and injection with iodine, in preference to the actual cautery or seton which some eminent practitioners have employed.

As the case of Nélaton is rather interesting in a pathological view, and as the work is not in the hands of most practitioners, I give it without abridgement:

"January 1852. A young man, who had, it was said, a bruise on the left knee, caused by a kick of a horse.

"The form of the knee was regular; there was no tumefaction; all the bony projections were normal; there was no ecchymosis; no trace of contusion. There was situated at the tendinous expansion (called *patte d'oie*) of the sartorius, gracilis and semitendinosus, for their insertion into the tibia. This pain might be owing, M. Nélaton said, to the inflammation of the bursa, which facilitates the gliding of the tendinous expansion. When the leg was flexed and extended, there was *creaking*, as when the tendinous sheaths are inflamed, or rubbing accompanied by other crepitation. Another important point was, that the position in which there was less strain upon the tendons gave less pain; a middle position, between flexion and extension, in which there was less tension. The bursa being compressed by the tendons, could not project, could not form a swelling. * * * * Two days after his entrance, upon examining this patient to see how his affection was progressing, M. Nélaton was struck by his febrile condition. He found what is called *arthrite sêche*, or an acute arthritis without effusion. Leeches were applied about the joint, and the man was nearly well, when he complained of pain in the groin; upon examination, the

ganglia there were found to be engorged. This, which was attributed to the irritation produced by leech-bites, was supposed to be the cause of the pain in the groin; but the next day, the peculiar position of the patient struck M. Nélaton, and an effusion of liquid was found in the hip-joint. This was greatly benefitted by a dozen cups, applied in the neighbourhood of the great trochanter. After remaining nearly a month in the wards, his articulations in about the same condition, but his general health becoming worse, the man complained of pain alongside of the sternum, at about the level of the third intercostal space. There was a projection there as of abscess with an acute march. Examining, in order to determine if it came from the interior of the chest, it was evident that the greater portion of the tumour was enclosed therein. It was believed to be an abscess formed in the cellular tissue of the mediastinum. Afterwards, there was some doubt as to whether the tumour might not be an encephaloid cancer; when the hand was the placed upon it, it could be felt to beat; it was pulsating and fluctuating. M. Nélaton said that it reminded him exactly of the case of Bérard, junior.

The friends of this patient unfortunately removed him from the wards, so that no examination of the body could be made after death."

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ART. XIX.—*Complete Inversion of the Uterus; with Laceration of the Vagina.* By Chas. R. Potts, Shannonville.

A rather unusual case of complete inversion of the uterus, with laceration of the anterior wall of the vagina, occurred in my practice a few months ago, to which I purpose drawing the attention of the profession through the medium of your journal.

September 15, 1858, I was called to attend a Mrs. K., who lives at a distance of 14 miles from my residence. She had been delivered of a child at 11 a.m., but as the midwife sent me word there was something wrong (it was the first confinement), I found a young, strong, and previously healthy woman, a little above the medium size. She was free from any absolute pain; but was suffering from a distressing feeling of vacuity in the lower part of the abdominal cavity, or, as she expressed it, she felt as though some of her insides had been taken out. The placenta had not been removed; but the old midwife, a Mrs. Osborne, had torn the umbilical cord away. There was no flooding. Her pulse was weak and fast, 130. Upon placing my hand above the os pubis, I could detect no tumour beneath the abdominal parietes. I proceeded with the examination of her vagina. I found a large fibrous tumour completely filling the cavity of the pelvis. Upon enquiring of the women present, I was told that immediately after the child was born, the midwife commenced pulling forcibly on the cord, and even jerked, which, as they

said, had pulled down a large lump of something. Upon this, the midwife pulled until she was forced to desist, by the women present, as the patient said she was tearing her all to pieces (I give their own words). I proceeded to search for the os uteri; but I could detect nothing but the cul de sac, formed by the mucous membrane. I now paused a moment to reflect and give the patient an interval of rest. I gently pushed my finger upwards so as to stretch the mucous membrane and get the extremity above the tumour. I bent it with the point directed downwards, and, after a short search, I felt the os directed upward and a little backward. I found it utterly impossible to detect any neck to the tumour. Having satisfied myself that the tumour was the inverted uterus, with the placenta firmly adherent, I carried my finger round it and found a laceration of the walls of the vagina, on the right side of the tumour, and rather high up in the passage. Partly in and partly to the left of the laceration, was the bladder flexed upon itself and largely distended with urine, its fundus directed downwards, the anterior portion having become directed posteriorly. The bladder was not directly in front of the tumour, but a little aside of it. At this stage of the proceedings, the patient became ungovernable, screaming violently and struggling, so I was compelled to withdraw my hand, lest it would increase the laceration during her struggles. Having allowed her ten minutes to rest, I attempted to introduce the catheter, but found it impossible, owing to the state of flexure the bladder was placed in. I then placed the patient on her knees and face, with the chest depressed, introduced my finger, and by pushing gently on the fundus of the bladder so as to lessen the flexure, I succeeded in getting the bladder almost entirely emptied. She became now so exhausted, that I judged it expedient to allow her some time to rest. I gave her pulv. opii. gr. jss. Her pulse becoming quiet, I again attempted introducing my hand; but she struggled so violently, that it was impossible to do so with safety. She became in a manner childish. Said she was perfectly easy, preferred death to the operation &c. As I considered it not improbable that (from the magnitude of the injuries she had received) she might sink under the operation, or soon after, I declined reducing the womb in direct opposition to her wish and that of her mother, although her husband and sister earnestly desired me to proceed. Without having a consultation, having written a few lines to my friend, C. V. Dorland, M.D., of Belleville, to ensure his coming as soon as possible, I left her to attend another labour, about a mile distant, leaving her 3 powders, pulv. opii. gr. j. each, to be taken every four hours, with the addition of a little brandy if any symptoms of pain arose. I returned at 5 o'clock, a.m., of the next day; found that she had slept

well; was not yet awake; and had taken but two of the powders. Owing to the distance from Belleville (25 miles) and the bad state of the roads, Dr. Dorland did not arrive until 2 o'clock, p.m., which was 27 hours from the time the accident had occurred. After gaining her consent, he proceeded to institute an examination, and, having satisfied himself with the nature of the case, we decided upon a plan of operation, he thinking with me (although in opposition to some authorities) that it was better to remove the placenta previous to reduction. We again placed her on her knees and face to evacuate the bladder, after which we gave her pulv. opii. gr. iij. We allowed time for its anodyne effects, when I proceeded to operate (notwithstanding that she still refused her consent), I obtained assistance to hold her during the time of operating. I commenced removing the placenta, which was firmly adherent and morbidly hard. I found this difficult, owing to the part of the cord being torn away, thus losing it as a guide and no free edge of placenta to begin upon. However, I gently scraped away the placenta at the upper part of the tumour, for the space of 1½ inches, until I could detect the uterus through the opening thus made. I then continued separating the placenta from the uterus, which took a great length of time, and was extremely painful to the patient. Now, for the first time, there was considerable flooding. As soon as I succeeded in detaching the placenta, I removed it, and then immediately reintroduced my hand, and attempted to reduce the uterus, as recommended by grasping the tumor gently, to decrease its volume, and then pushing upwards. This I continued to do for some time without the slightest success. I then carried my fingers upward to the cervix uteri, which I could now distinctly feel. I grasped it firmly so as to prevent any blood circulating through the neck or attachments into the uterus. This was followed by an almost instantaneous decrease of the size of the tumour; for whereas it was as long before as to be hardly contained by the extended fingers, I could now hold easily. This I considered to be owing to the fact that the pressure on the neck prevented any influx of blood, whilst the flooding continuing, the engorgement was by this means lessened. I then, as quickly as possible, grasped the uterus so as not to give it time to become again engorged, I then pushed gently, yet rather forcibly, upwards, when, in a short time, comparatively speaking, it yielded, and suddenly slipping from my grasp and the fingers with which I had been pushing on the fundus, were now in the centre or cavity of the uterus. The bladder returned to its proper position at the same time. During the operation, the pulse had kept steady, owing, as I suppose, to the effects of the opium. Having left her 8 powders, pulv. opii. et pulv. doveri. aa. gr. ss., to be

taken once every 4 hours, and having applied the binder and perineal bandage with a perineal pad very firmly, we left her.

Sept. 17.—Found her with a very slow oppressed pulse; tongue coated; great superficial and deep tenderness over the lower part of the abdomen, the pressure of the bed-clothes causing great pain; very high colored and scanty urine, with almost total immobility, caused by the extreme suffering that the slightest movement produced. I bled her to the amount of ℥ lx, with the effect of the pulse rising in strength and frequency, until near the close of the bleeding, when it began to sink, upon which I at once closed the vein. I gave her pulv. opii. gr. iij., and left her a saline mixture, acidi tartarici ʒ j., sodæ bicarbonatis ʒ iss, spiriti ætheri nitrici ʒ ij, aquæ ℥ vj.; dose, a tablespoonful every 3 hours.

Sept. 18.—Found pulse quiet; tenderness decreasing; urine discharged in larger quantities, &c.; left her 2 powders, each composed of 8 grs. of calomel, with 8 grs. of dovers powder; ordered a large mustard poultice the pressure of which she could now bear, and next morning, if tenderness continued decreasing, a dose of castor oil, provided the powders did not operate, which were to be given every 4 hours. I have seen the patient a few days ago. She is entirely well.

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ART. XX.—*Aneurism of the Posterior Tibial Artery.* Operation by A. McGarvin, M.D., Acton, C.W.

David Yeomans, aged 30, consulted me during the summer about a painful swelling in the calf of the right leg, which he says prevented him from following his usual occupation as farmer, and therefore he was obliged to dispose of his farm.

He stated to me that he had the Tendon Achillis cut with a scythe about seventeen years ago, and about two years afterwards complained of soreness in the calf of the right leg, especially when he chanced to strike it against anything; and since then it has gradually got worse and for the last four years he has not been able to do any work. He walked entirely upon the heel, and if he chanced to make a misstep it would create so much pain that he would be obliged to lie in bed for several days. It had become so painful during the last year that he determined to have his leg taken off. Upon examining the leg, I found a tumour about the size of a large goose-egg situated beneath the bellies of the Gastrocnemius and Soleus Muscles, circumscribed and very painful. I could detect no pulsation, nor could it be lessened by pressure. The skin was somewhat discolored. I applied the stethescope

and could detect but a slight murmur. He said he sometimes felt a beating sensation in it, and had sometimes spasmodic twitchings of the muscles, and when those spasms occurred he had severe throbbing pain. It was so painful after my manipulation he was compelled to keep his bed for nearly two weeks. About the 1st of November 1858 he again consulted me, and said he was prepared to undergo any operation if it would give him relief, as it had become so extremely painful that he would, rather than suffer the pain, have his leg taken off. I made him aware of the danger and the probable success of the operation, to which he readily submitted.

I obtained the assistance of Dr. Freeman of Milton, and on the 17th concluded to operate.

Having determined to adopt Mr. Guthrie's plan, the patient being under the influence of chloroform, I made an incision in the median line about six inches in length, cut through the Gastrocnemius and Soleus, which were wasted away considerably, and beneath the deep fascia lay the tumour. I carefully carried my incision upwards to within two inches of the knee-joint, and tied the Posterior Sibial Artery about an inch below the Popliteus Muscle.

The bleeding having ceased, I brought the wound together by sutures and adhesive straps. I then placed him comfortably in bed, ordered him to be carefully watched during the night, and, if it attempted to bleed, ordered the tourniquet to be tightened.

18th. Saw him, complained of pain, was a little feverish, vomited all night. Applied a mustard plaster over the stomach. Vomited several times during the day. At night gave him solution of Acet. Soda with Morph. Acet. gr. ss. Saw him next morning; had slept some during the night; slight fever, otherwise quite comfortable. Ordered Black Draught ℥ ij. Saw him in the evening; had a passage through the bowels; no fever, pulse slow.

20th. No vomiting nor pain; quite easy; could not sleep. Ordered Morph. Acet. grs. ss.

21st. Slept some; a slight discharge from wound.

22d. Still improving; discharging freely; no pain; bowels quite regular; no fever.

24th. Dressed it; wound quite healthy and healing kindly. In the afternoon complained of great pain in the leg. Applied a roller, which gave him ease. A slight discharge of bloody matter from the wound.

25th. Still some pain, but the wound discharging freely.

26th. No pain; bowels regular; quite easy; sleeps well. He still kept improving every day, the wound discharging freely, and on 7th of

December the ligature came away; since then it has not discharged so freely; the tumour not half the size.

Jan. 1st, 1859.—The leg had reduced to half its original size; the tumour quite small and easily moved, and without the least pain or inconvenience. He is now able to go about the house with the assistance of crutches, without the least pain.

Jan 7th. I last dressed it. The wound was entirely healed. I applied a roller tightly about the leg, and which I ordered to be tightened every day. The tumour is growing less, and can be handled roughly without pain.

My object in drawing the attention of the profession to this case is the necessity, as I conceive, of ligaturing the Posterior Tibial, instead of the Popliteal, as it is frequently done, on account of that vessel being more superficial and much more easily tied. By ligaturing the Tibial, you do not risk the life of the patient, nor a second operation, viz. amputation, for the limb gets a due supply of blood through the Anterior Tibial, therefore vitality is kept up, although the operation is formidable and bloody, but if it be brought more into practice the results will be more satisfactory.

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ART. XXI.—*Case of Complicated Double Hare-lip.* By Clarkson Freeman, M.D., Milton, C.W.

John M., aged four months (June 24, 1857), a fine healthy child, has been spoon-fed from its inability to nurse. It had no upper lip except a small rudimentary angular projection of integument from either commissure of the mouth. The anterior process of the alveolar process of the superior maxillary bone was attached to the apex of the nose with a slight covering of mucous membrane of an oval appearance and about the size of a pigeon's egg.

There was a fissure of both the hard and the soft palates, leaving an interspace of more than half an inch in the mesial line. The child was rolled into a sheet and inclined a little forward, when the nasal appendix was incised by the scalpel to its bony structure, which was fractured by a pair of bone forceps and pressed into its normal position, then the lateral integuments were pared, approximated and secured by two interrupted sutures and adhesive plaster, preventing any undue tension upon the ligatures. The child was almost in a state of collapse from the shock of the operation, from which it soon rallied. He slept for four hours under the influence of a dose of Tinct. opii Camph. Union took

place by first intention. The child is now nearly two years old, very healthy and looks remarkably well. A few months since a tooth made its appearance from that portion which now occupies the alveolar septum, with which and the rest of its teeth it can masticate easily.

An uncle and a cousin to this child are similarly affected, but the difficulty is not so formidable in either case.

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ART. XXII.—*Des Cas intéressants de Variole.* Par O. L. Robitaille, M. D., Québec.

Monsieur le Redacteur,

Au moment où la Variole fait quelques victimes dans la Cité de Québec, je vous envoie l'historique de deux cas de cette maladie, que je vous prie d'insérer dans votre journal, si vous les jugez assez intéressants pour être publiés.

Mlle Urq...., agée de 52 ans, se sentant indisposée le 26 Décembre dernier, me fit demander. Elle était sous l'influence d'une fièvre légère qui cependant ne l'empêcha pas de vaquer à ses occupations ordinaires. Un bain de pieds et une dose sudorifique furent les seuls remèdes employés. En 1808, Mlle Urq...., avait été vaccinée à l'âge de deux ans, et deux belles cicatrices de la vaccine parraissent sur le bras droit, ce qui toutefois ne la préserva pas d'avoir la variole-confluente deux ans après, en 1810.

Ce fait est attesté par sa respectable mère agée de 94 ans, par son frère et par ses sœurs. De plus elle porte sur le visage des marques varioliques, aussi j'étais loin de penser que la fièvre légère du 26 décembre pouvait-être les signes avant-coureurs de la variole. Mais cependant c'était bien le cas. Le 3ème jour l'éruption variolique fit son apparution et suivit sa marche naturelle, mais d'une manière bénigne. Il y avait sur la figure, une trentaine de pustules et un plus grand nombre sur les autres parties du corps. Ainsi cette personne bien vaccinée en 1808, passe par la variole-confluente en 1810, et 48 ans après, elle essuye de nouveau la même maladie.

Maintenant parlons de l'autre cas, beaucoup plus intéressant tant sous le point de vue de la pathologie que sous celui de la physiologie embriologique.

Le 31 décembre 1845, j'ai acouché la femme de M. C., demeurant dans le faubourg St. Jean, d'un enfant mâle et à terme, mais faible et pesant entre $4\frac{1}{2}$ à $5\frac{1}{2}$ livres. Le corps du nouveau né était couvert de pustule varioliques. J'ai compté au-delà de 350 pustules qui étaient en

pleine maturité, telle qu'on les rencontre le 9ème jour de l'éruption. Les pustules étaient distinctes les unes des autres. L'enfant n'a vécu que 4 heures.

Madame C., agée de 22 ans lors de son accouchement, avait été vaccinée lès son bas âge. A son bras gauche on voyait la cicatrice de la vaccine bien caractérisée. Dans le courant du 8ème mois de sa grossesse elle avait visité 3 fois en différents temps, un jeune enfant affectée de la variole-confluente, et qui mourut le 27 Novembre, après 13 jours de maladie. Ce jour Madame C., vit l'enfant pour la dernière fois, et le soir de ce jour elle fut un peu indisposée. Elle ressentit quelques douleurs de tête avec légers frissons. Cette indisposition ne dura que quelques heures. Aucun médicament ne fut administré et pendant les dernières semaines de sa grossesse Mad. C., n'a éprouvé aucun malaise.

Du 27 Novembre, jour de la deuxième visite à l'enfans malade au 31 Décembre, jour où elle est acouchée il s'est donc écoulé 35 jours, et de ce jour (le 27 novembre,) à l'époque où l'éruption a dû paraître sur le fœtus, il s'est écoulé 26 jours pour l'état d'incubation.

J'ai invité M. le Dr. Morin à voir l'enfant pour constater avec moi le fait.

Maintenant M. le Rédacteur, qu'il me soit permis de poser qu'une seule question. Au double point de vue de la pathologie et de l'embriologie, qu'elle conclusion peut-être tirer de ce cas authentiquement constaté.

Québec, 26 Janvier, 1859.

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ART. XXIII.—*Cases of Alleged Poisoning.* By D. Bergon, M.D., Cornwall, C. W.

(*Continued from page* 351.)

The Court met on the 15th November, in the Court House, pursuant to adjournment—(eleven only of the Jurors were present—Mr. Gillie, the twelfth Juror, was too ill to attend.) The Coroner informed the Jury that, "he had, in accordance with their instruction to him at their last sitting, taken steps to trace the box received by Express, by the deceased Sarah Jordan—that he had discovered that it had been sent to her by Dr. Wm. E. Hoyt, of Syracuse, N. Y.—and that having made this discovery, he had caused a letter to be addressed to this individual, over a fictitious signature, requesting him to forward, by Express, a parcel containing the same articles that he had sent in July last to William S. Wood, Cornwall. This letter had the effect intended, for he had re-

ceived by Express, from Dr. Hoyt, the box which he now showed to them and which contained medicine. This box, he was of opinion, should be sent to Montreal for analysis, by Dr. Craik,—and in order to afford sufficient time for this purpose, he thought the investigation should be further postponed." After a short deliberation, the Jurors present decided upon adjourning until the 7th Decr.

December 7th, the Court met pursuant to adjournment. All the Jurors were present.—The Coroner informed them that Dr. Craik, who had been intrusted with the performance of the analysis ordered, was present and ready to make his report.—Dr. Craik's examination was then proceeded with.

Robert Craik, M. D., of Montreal, sworn.—" On the 15th October, Dr. Wagner delivered to me a box said to contain the stomachs and viscera of Sarah & Anne Jordan, deceased. He said—' There was suspicion of poison having been used, and the viscera were placed in my hands for analysis.' I accordingly proceeded to examine them, and having no clue to direct me as to the poison likely to have been used, I searched carefully for all the poisons most likely to be employed, *but without discovering any* in any of the organs. Sometime after receiving the box, I also received a parcel, by Express, containing some cloths in which the deceased was said to have vomited. On proceeding to examine the cloths, I found upon them several large yellowish-green stains, over which, in some places, a darkish powder was scattered, resembling coffee grounds. I tested these stains in like manner *without finding any evidence of poison*: the only thing of which I found evidence was Bile. The dark powder I before mentioned, was evidently of a vegetable nature, I supposed it to be coffee grounds. At the same time that I received the box from Dr. Wagner, I also received a bottle and a box of pills, I examined the pills and found them to contain aloes and myrrh. The bottle was entirely empty, except a few reddish stains: it possessed a slight odor, but so faint that I was unable to decide from it what the bottle had contained. On the 13th November, Dr. Wagner called on me again and delivered into my hands a small wooden box, like a cigar box. I opened it in his presence, and found it to contain a bottle wrapped in several folds of paper. The bottle was in a brownish wrapper and carefully sealed with four or five seals. Inside this wrapper was found a printed paper purporting to contain directions for using the mixture with which the bottle was filled. On proceeding to examine the contents of the bottle, I found it to consist of a super-saturated Alcoholic solution of two or more, volatile oils, the principal of which was oil of Tansy and oil of Pennyroyal. The mixture was colored red by some vegetable substance. I had

also reason to believe that the bottle contained some Oil of Savine, but owing to the odorous character of the other ingredients, I could not be certain. The bottle contained four ounces of the mixture. After having satisfied myself as to the contents of this bottle, I proceeded to examine the viscera and the cloths, directing my search altogether to the same ingredients as it contained, but owing to the putrefaction which the viscera had reached, I was unable to obtain any reliable evidence of their presence. That closed my investigation so far as the analysis was concerned.

The appearances of the viscera were much as here described. The stomach of Sarah Jordan was found quite empty, when opened. It was very vascular, and, when held up to the light, presented a bright red color. The upper part of the small intestines was in the same condition, the vascularity gradually diminishing towards the lower intestines. The stomach and the upper part of the small intestines were in a somewhat better state of preservation than the lower part, and the liver and spleen were softened and diminished in size.

The stomach of Anne Jordan was also empty, and exhibited a more advanced state of putrefaction than the other. I observed a dark-red spot of between two and three inches in diameter, near its cardiac extremity; with this exception, there was nothing unusual about it. I did not examine the uterus (the womb) of Sarah Jordan. I observed something among the viscera, in an advanced state of putrefaction, but not knowing that the uterus was there, I did not examine it.

By the Coroner—The medicine in the bottle, now on the table, and which I analysed, is frequently used for the purpose of procuring abortion.

By the Foreman—Oil of Tansy is poisonous and produces death very rapidly—by rapidly, I mean that it is an acute poison, which will produce death in from a few hours to a few days. There is very great danger to the mother in procuring abortion by such means as by medicine. This medicine might probably have given the bright-red color to the stomach which I have described. It is difficult to say whether it would have the effect of preserving the stomach; if applied directly to the parts immediately after death, and if it were continued to be applied, it would preserve it; but, in this instance, I attribute its preservation to its emptiness, for the stomach always decomposes most rapidly when full. The spasms mentioned might have been produced by Oil of Tansy; such is one of its effects. I think the bottles sent to me were identical in shape, and were, I think of the same size. There were no pills in the box in which the second bottle sent me was contained. (The witness here produced the second bottle sent him—about one-third of its original contents

were still in it.) I think that the contents of this bottle, if taken in an overdose, would be capable of producing symptoms similar to those Sarah Jordan labored under. I do not think that it is an accumulative poison but I cannot speak positively,

By Dr. Dickinson—From the described excessive vomiting that took place; and from the length of time that has elapsed since death, I would not expect to find any of the medecine, if like this, Oil of Tansy in the stomach. I do not find any of the symptoms in Anne Jordan's case, irreconcileable with the opinion that she had been poisoned by medicine, such as is contained in this bottle. Paralysis is a symptom of disease. As Anne Jordan had been subject to paralysis, if poisoned, by some poisons, I would expect to find it (paralysis) present. I would hesitate in saying that Anne Jordan died from poison, because she was asleep when Sarah was taken ill, and because, had she taken sufficient to produce insensibility, she would probably have been attacked before that time. It is possible that Anne Jordan having laid down in bed, immediately after supper, the symptoms would not have arisen till she was agitated. Usually, but not necessarily, poisons producing such symptoms would produce death in from six to twelve hours; sometimes, however, the effect of narcotico-irritant poisons extends through many days—you cannot limit the time. The stains on the cloths were from bile, not from medicine. I never knew any one who had survived five attacks of apoplexy; the second or third usually proves fatal. As a general rule, when congestion of the brain produces Coma, it is styled apoplexy. It is difficult to tell whether these cases might have been Coup-de-soleil—I have frequently found the pulse in such cases irregular and fast, but not so fast as in the case of Sarah Jordan. I would not expect an attack of Coup-de-soleil, between 7 and 8 p. m., in a young girl, with her hat on: it generally occurs when under the direct rays of the sun. In cases of this kind (Coup-de-soleil) the treatment is at first by cold affusion; afterwards, when consciousness begins to return, stimulants are admissible, and then cautiously.

By a Juror—Medicine, such as contained in the bottle produced, is sometimes given in the menstrual periods.

[The Inquest here adjourned till 7 p.m. at which hour, before Dr. Craik's examination was proceeded with, the Coroner informed the Jury that "a great deal of dissatisfaction had been expressed at Dr. Dickinson's being allowed to put so many questions to Dr. Craik, as he had—that he himself thought the Dr. should be allowed to continue, but that if the Jury thought differently, he would at once put a stop to it" Dr. Dickinson then addressed the Jury to the effect "that it was necessary that he should be permitted to put such questions to Dr. Craik as he might deem proper

—that the cause of the death of these people was not the only question to be tried—that he had pronounced the cases poison—that he had not done so without careful consideration—that having given the opinion, his reputation as a medical man depended upon the result of their inquiry —that in short he felt that he, Dr. Dickinson, was on his trial, and that unless he were allowed to examine the witnesses in his own way, the truth would not be elicited; and he felt confident that the Jury must be anxious with him to attain this object." After a few moments' consideration, the Jury, through their Foreman, admitted the truth of the Doctor's statement that his reputation as a medical man depended upon their verifying his opinion by their verdict, and granted him the desired permission, whereupon he resumed his examination of Dr. Craik, and to his several questions received the following answers—

Cases of Coup-de-soleil generally terminate within an hour,—very rarely exceed three or four hours, unless recovery takes place. Coup-de-soleil is not congestion of the brain—it is looked upon as a state of nervous exhaustion generally produced by excessive heat.

Where medicine is given sufficiently powerful to produce abortion, the death of the mother is the usual result. Abortion is not always due to the shock upon the system of the mother; but, on the contrary, is very frequently due to the direct action of the medicine taken upon the uterus (the womb.)

In a case like Sarah Jordan's I would expect to find the uterus diminished in size, certainly not expanded like a sac.

The womb resists decomposition about as well as the other organs.

In the event of an abortion, I would expect to find the womb enlarged and dilated, containing more fluid and more decomposed than if such had not taken place.

I have often examined the uteri (the wombs) of persons dead a considerable time, and have never failed to find the uterus in its usual condition. I have examined the uterus of woman in both states.

I cannot undertake to state the cause of the universal redness of the stomach of Sarah Jordan; but I think it attributable to some irritant substance having been taken into it during life.

I do not think a judicious physician would employ such medicine as is contained in the phial before me to regulate the menses.

I think it is unusual and imprudent for anyyoungwoman to send a great distance and pay a great price for medicine to produce the menses, unless she had tried the ordinary means and had failed.

I have very often been engaged in conducting investigations like the present.

Physicians who devote themselves or direct their attention to special branches of their profession are generally better capable of giving an opinion upon questions relating to such a special branch, than physicians whose attention has not been thus specially directed.

From the appearance of the Uterus, of Sarah Jordan, if as described, I would infer that an abortion had taken place. I am not prepared to state that the causes assigned by Dr. Pringle, coup-de-soleil,&c.,produced the symptoms present in the case of Sarah Jordan, nor do I think it very probable, but I think it possible that these causes might have produced them.

By Dr. Pringle,—None of the symptoms presented by Mrs. Anne Jordan were incompatible with apoplexy. The sudden rising out of bed, as in Mrs. Anne Jordan's case, would not so rapidly produce the symptoms, and is not likely to have developed them. Judging from the symptoms alone and apart from the circumstances connected with the case of her daughter, I would not entertain any suspicion of poisoning in the case of Anne Jordan. The post-mortem appearances in the viscera of Anne Jordan might be explained from natural causes. I have already admitted the possibility of the symptoms described as present, in the case of Sarah Jordan, being produced by the causes assigned by Dr. Pringle. The Uterus (womb) becomes congested and enlarged but I think not flaccid, at the menstrual period. As a general rule Narcotico—irritant poisons first produce vomiting, then insensibility.

By Dr. Bergin,—Not having made a quantitative analysis of the mixture, I cannot state the exact quantity of Oil of Tansy contained in it, but I think there must have been half an ounce. I have never seen a case of poisoning from Oil of Tansy—know nothing of its effects except from works—from my reading—I have only read the history of one case of poisoning by it—in that case the quantity taken was ten drachms and the patient lived twelve hours. I would not attach much importance to the time it would take the poison to prove fatal, as various circumstances, such as the strength of the constitution would hasten or protract it. It is not generally considered that the patient's recovery is almost certain in poisoning by opium, after a period of twelve hours has elapsed—twenty-four hours is, I think, looked upon as the longest period at which death will take place from opium, but I have myself seen very dangerous symptoms after thirty-six hours. The patient recovered under treatment.

Although I have said that I have been in the habit of assisting at investigations like the present, and although I have stated that medical men who devote especial attention to certain branches of the profession, are, as a general rule, better capable of giving opinions upon questions re-

lating to such branches, I did not wish, nor did I intend it to be inferred that I was more capable of giving a correct opinion in this case than the medical men in Cornwall—on the contrary, I think that any of them, who have read up the case are, or if not, ought to be, quite as capable of giving a correct opinion as I am.

In cases of profound coma the pupils do not dilate or respond to the light.

I think I could count a pulse of 169 beats to the minute, provided it was not very feeble and very irregular—if it was I could not count it.

In the absence of reliable evidence, I do not feel justified in giving an opinion as to the cause of the death of Anne Jordan; I believe that she may possibly have died from apoplexy but the cause of the apoplexy I do not know.

It having been already proved that she had had three or more such during her life, I think it very likely and indeed very probable, that having been awakened suddenly out of her sleep and brought to the door to see her daughter who was sick, and on reaching the door, finding her apparently dead, a fit of apoplexy might have resulted and such I think likely, was the case.

Under such circumstances, I would be more astonished at her escaping a fit of apoplexy, than at her having one.

I came to the conclusion that in the case of Sarah Jordan, an abortion had preceded the death, chiefly from the appearances of the Uterus, as described. I did not examine or see the Uterus (womb) myself. I did not search for it, being of opinion that the organs only, intended for analysis, were sent me.

The Uterus (womb) was described to me as being dilated and like a large sac.

I would place more confidence in a positive opinion as to the state of the Uterus than in the negative one—the latter not describing its state or appearances.

I think, if abortion took place, it must have been between 5 and 8 o'clock, before Wood found her at the fence. I think also, that vomiting and purging took place during the same period—the three hours unaccounted for.

I have read over the symptoms, described as present in the case of Sarah Jordan and am of opinion that they might have been produced by poison; but I must admit, and have already admitted, that many other cases besides poison might have produced them.

I would not be justified in saying that Sarah Jordan had died by poison. I would not be justified in giving any opinion as to the cause of death,

and I do not wish it to be inferred from anything I have said that I have a leaning towards the suspicion that she was poisoned. The only opinion, I can give is, that she died from causes unknown.

Dr. Craik here repeated his opinion as follows:

In the case of Anne Jordan, I think it very likely THAT SHE DIED OF APOPLEXY.

In the case of Sarah Jordan, I can only say THAT SHE DIED FROM CAUSES UNKNOWN.

By Dr. Dickinson. If I had been called to see the cases, and with the other symptoms present had found the matters vomited of the character described and possessing the odor of what I believed to be poison I would have treated them for poison.

Dr. Pringle re-examined, saith—The uterus was decomposed and flaccid.—There is a bare possibility that an abortion may have taken place. I think there was more uterine fibre than there ought naturally to have been. It was not dissected out carefully.—Dr. Dickinson was present at the examination. If she had died immediately after menstruation, it would have been congested. Authors describe it as being more congested at this than at any other period. In searching for the uterus, I dissected off the bladder and separated the two. I am not certain that I cut into the bladder. Dr. Dickinson remarked at the time that it was sac-like, flaccid. I mean the uterus not the bladder. I had them all spread out together. Dr. Bergin asked me if Dr. D. had said that there were appearances of abortion having taken place. I said I did not recollect his having done so. The question was asked to-day. Dr. Dickinson said the uterus was sac-like and flaccid. Then the viscera were spread on the ground, I did not contradict his opinion as it seemed to me that it was so.

If abortion had been the cause of the appearance of the uterus, it would depend on the advanced state of pregnancy at what time the abortion had taken place. The evidence would be greater in the advanced state of pregnancy than in the early. From the appearance of the uterus, if abortion had taken place, it must have been in the early state. I would consider six weeks an early state of pregnancy. It is the opinion of Taylor, that two or three days after pregnancy, it is impossible to say whether abortion has taken place or not. This is with regard to an examination during life. *I found an organ attached to the vagina having the shape of the uterus:* there could *not be any other organ* there except the uterus. I did not notice any corpus luteum. There was a hole in the back of it, and I put my hand into it and spread it out. It appeared like a large pear flattened. Its anterior wall

was about half an inch thick. The posterior was torn during the post-mortem examination. Decomposition would cause a lessening of its size, and cause it to occupy a smaller compass. It is quite possible that menstruation or abortion might have produced these appearances. There are cases in which the menses being stopped by the closing of the mouth of the uterus, the uterus becomes expanded. I could see no fluid in this case. There is no other cause which I could discover that would cause the appearance the uterus presented, except the one named, or abortion. At the monthly turn she might have suffered. Her health was sworn to have been good previously. I observed fluid in the pelvis—it was a bloody serous fluid. The floor of the pelvis was covered after the viscera were taken out, such as would appear in an ordinary dissection. I never expressed an opinion that there had been an abortion. I never agreed with Dr. Dickinson in his opinion, to the best of my knowledge and belief. There were no sufficient grounds for supposing there had been an abortion. My opinion of the old lady is the same as before; as to the daughter, there is positive proof that she received a box; and there is circumstantial evidence to show that the box, now before the Jury, contained medicine similar to that received by her, which if taken in large doses, might have caused the symptoms evident in the case of Sarah Jordon. I have no reason to suppose that she did take the medicine; but I cannot give a positive opinion, either one way or the other. It is my opinion that she did not die of abortion.

Dr. Dickinson re-examined, saith :—

Both Sarah and Ann Jordon labored under the same symptoms. I have no doubt they both took poison, the same as is contained in that bottle; and in my opinion, Sarah unquestionably took it for the purpose of procuring an abortion, and died from the effects of it—the old lady, I think, took it accidentally. I did not look upon Anne Jordan's case of so serious a character as that of Sarah's—indeed I thought she would have recovered. Of Sarah I had no hope from the first.

I think from the appearances of the uterus at the post mortem that she had an abortion. The appearance of the uterus, in connection with the circumstances of the box, lead me to that conclusion, together with the knowledge of the fact that the young woman has been pregnant before, and therefore not above suspicion.

Dr. Craik re-examined :—

Had I been called in to a case of apoplexy I would not have given stimulants unless I saw the patient sinking. I think it very unlikely that she could have aborted without leaving stains on her clothes or body; I have read of cases of women being at work and going out and being confined, and returning, and nothing has been known of it.

Here the Court adjourned till half past 7, P. M.

7½ P. M.—The Court resumed, pursuant to adjournment. The Coroner read to the Jury the correspondence with William E. Hoyt, then delivered his charge; immediately after which the jury retired; at 11·20 P. M. they returned into Court with the following verdict:—

In the case of Annie Jordan we are of opinion that she died of Paralysis.—(Signed by all the Jurors.)

In the case of Sarah Jordan we are of opinion that she died of causes unknown.—(Signed by six Jurors.)

In the case of Sarah Jordan we say there was a suspicion of poison.—(Signed by two Jurors)

In the case of Sarah Jordan we are of opinion that she died by poison.—(Signed by 4 Jurors.)

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## REVIEWS.

ART. XXIV.—*A Treatise on the Venereal Disease.* By JOHN HUNTER, F.R.S. With copious additions by Dr. PHILIP RICORD, Surgeon of the Hopital du Midi, Paris, etc. Translated and edited, with notes, by FREEMAN J. BUSTEAD, M.D., Lecturer on Venereal at the College of Physicians and Surgeons, New York; Assistant Surgeon to the New York Eye Infirmary. Second edition, revised, containing a résumé of Ricord's recent Lectures on Cancer. Philadelphia: Blanchard & Son. Montreal: B. Dawson & Son. Quebec: Middleton & Dawson. 1859. pp. 352.

A treatise by two such men as John Hunter and Philip Ricord, or as they have been respectively called, THE Hunter and the FRENCH Hunter, is not likely to be one of an ordinary character, particularly when upon a subject to which these eminent Surgeons have devoted their best exertions in its most thorough investigation. It is not our intention to expatiate in panegyric terms upon the special fitness and personal qualifications which both possessed to accomplish such a task, for we believe enough is generally known about them to render such observations uncalled for. But we may remark that something beyond the common is to be expected when we recollect that there was no book on which the first bestowed more labour, and of which he said he was determined not to make it merely "a bookseller's job," and that the second has almost spent a lifetime in treating, experimenting upon, writing and talking about syphilis, finding in the pursuit of its peculiar results at once a

strange delight and an immense profit. Yet even more talent has been brought to the completion of this treatise; it has received the assistance of two other distinguished authors, whose names do not appear on the title page,—we refer to Sir Everard Home and Dr. G. Babington. Dr. B. is the English editor of Hunter, and has enriched the volume with many valuable notes. Sir E. also edited one issue of the work, which has, like other celebrated productions, passed through several editions, and inserted many novelties which had not before appeared, and were referred to the manuscripts examined after the death of the illustrious John. And lastly, the present edition has the further advantages over its predecessors, stated in the heading above.

The venereal disease is a great fact in nature. It is a monitor and an avenger. It warns against illicit sexual intercourse by establishing itself as the inevitable consequence of the forbidden act, and it exposes to open sight the culprit who has incurred its stains of guilt, by evidences which unmistakeablydeclare that the transgression of the law shall not pass unpunished. It has its origin in a specific poison, which is characteristic in its nature, and uniform in its tendencies. How this first was produced may not be so easily answered to the satisfaction of every mind, and different inquirers will lean to peculiar hypotheses. To us its development appears to be an illustration of what may be stated as a general principle, that agencies capable of exercising force are conserved, while its operative elements are maintained within the precincts which are prescribed as the extent of salutary action, but once extending beyond this rule, they escape restraint or protection, and depend solely on their own resources, while the privilege is converted into an abuse, and the power which before was an advantage is now an evil. Once produced the virus has propagated itself in endless amount. Each representative particle possesses the property of re-production, and the whole is stamped by a stability which will only cease when time shall be no more. The particular laws of its communicability and progression have been minutely watched, and positive information attained concerning their individual features. It presents the conditions of organizations generally; it has a distinct origin, a manifest growth, palpable phases of development, and a final extinction. It is an active agency, it works manifold effects in attestation of its energy, and it is capable of being counteracted or annihilated by remedial powers of a controlling or subversive ability. It is produced, it exists, it performs, it may wither, it may be extinguished. It is at one time an offspring, and at another a parent. We thus see that it is a distinct entity, having uniform properties, identified by characteristic laws, over which thousands upon thou-

sands of years have had no exterminating influence, and connected invariably with a single kind of offence, of which it is the just consequence. And under such a view its occurrence clearly does not appear as the result of blind chance or simple accident, for how then could these things be explained? how then account for its precision, its stability, its uniformity and its constancy, since things that turn out of chance or accident can never have such properties as these. Taking it, however, in connection with its source, and considering it as the solitary emanation from this, and as incapable of developement from any other, we must look upon it as belonging to an entirely different order of products—to those in which the highest wisdom may be traced.

In whatever form it may be introduced into the human economy, it is productive of the most dismal and enduring disasters. Examined in apparently the most simple, its destructive propensities, though not so extensive in their range, because the disease is not then hereditary, still display when in full operation an amount of structural change and local suffering that is truly appalling. Nothing is more common than for patients having a urethral discharge, while taking advice upon the matter, to inform the surgeon that it is "a small affair," a mere trifle; they say perhaps there is nothing else wrong with them besides what is visible, a drop or so of pus trickling through the lips of the meatus urinarius; they feel well, are in high spirits, and would possibly have never been seen but for the filthiness which "the affair" causes by its constant issue. Nor is this opinion confined alone to men outside of the profession; there are many within its walls who form as thoughtless an estimate about its importance. Time ere long undeceives both. In spite of the remedies used the secretion continues. Most generally it presents a distinctly intermittent type; it stops and returns, it goes away and comes again, not once or twice only but many times. Its pertinacity stirs up the patience of the subject and the resources of the practitioner—both determine upon winning a triumph—the one prescribes dose upon dose, the other swallows them. The stomach is nauseated by copaiba and by cubebs in some of the many well-belauded preparations of the apothecary. The bowels are disturbed, food cannot be taken, the mind grows anxious, and the system everywhere participates in disorder. A truce may now be struck, the enemy has retreated, he is no more seen, and hostilities are suspended. But with returning health, upon resuming usual business, or the provocation of some very insignificant cause, as walking a few paces rather more than ordinary, the leak bursts out afresh! Perhaps now a new system is adopted. Injections are preferred or trusted to exclusively, and much ingenuity may be displayed in

their invention and combinations. The change is decided, "the running" gets to be less and less, at length it dries up altogether, except just a drop which is always seen in the morning upon awakening. Little though this be it plainly tells that there is still disease where it came from. At length worn out in trial, and persuaded it may be of the uncertainty of more tampering, all further syringing and medication are abandoned, while not unlikely the Doctor's attainments are privately called in question. Nature is allowed to take her course, and she does so. The patient rests in the belief that he cannot communicate the affection, and that is now the ultima thule of his ambition: he can go on in his former wild mad way of drinking and living, and he is satisfied. Left to itself secretion increases somewhat and settles down into the formation of a thin clear viscid humor. A gleet has entered into office and defies dislodgement. As each new year recurs, its old familiar presence still demands a recognition. This is the representation of by no means an uncommon case. Nor is it one of the worst sort; it has supposed the patient's deliverance from sundry and manifold devices of torture which are recommended in similar instances; it considers that he has been spared the infliction of absolute rest, perfect quiet, determined purgation, genteel starvation, potent cauterizations, occasional blisterings, and additional expedients, in which the surgical art rejoices, unnecessary to be mentioned. Well! the patient lives through it all, for human endurance is wonderfully great, even when taxed by the fiercest assaults; but the original affection becomes modified, as it naturally inclines to, and the membrane still "runs." While this, however, is all that appears on the surface, there are workmen behind the screen surely but slowly plying their trade in a terribly insidious manner. Nature, as we have said, takes her course, but the full result does not appear, it may be, for years after. And when her course has been taken, where does it end? Too often in lesions that render life for ever afterwards a miserable burden, and bring down the unhappy man with sorrow to a premature grave. It is hard enough to trace a gonorrhœa causing orchitis, and, afterwards when years have gone by, to find the testick somehow or other permanently damaged in its normality both structurally and functionally. It is worse to know that gonorrhœa has inducted into being an incurably enlarged prostate gland, hypertrophoid from subacute inflammation of its parenchyma, a source of ever returning trouble and increasing anxiety. But it is worse than all to see gonorrhœa progressing from the urethra into the bladder, and thence encroaching upwards to the kidneys, until it can go no further. Certain are we that practitioners of experience, who know what such cases are, will admit there is no

other ill to which flesh is heir that is so harrassing to mind, so wounding to feeling, so exhausting to body, as one in the organs now detailed, and none which once fairly established by interstitial change affords less hope of permanent recovery. And it is to be added that these are only examples of the complications which may ensue upon the simplest form of the disease. It is not for us, as reviewers, to take up the complete category, that is left for writers, such as Hunter and his followers; not in our pages, but in the pages of some excellent work, such as that the title of which is given above, is a complete account of the whole number to be found.

It may well be inferred that where so much evil ensues from the simplest form, much graver sequelæ must be entailed upon the severer forms. Of the ravages of genuine chancre, it may truly be said the infected party is a fountain of impurity, contaminating all who by blood-descent are connected with him; not limited to himself as in the antecedent case, the evils that riotously revel within his own impure system will most probably also be conveyed by heritage to his children. Nor do they cease with his immediate successors, but they may be visited upon after generations, and thus running through a lineage, the primary poison may become so changed in tendencies as to be scarcely recognisable, and it is to be feared that the idea which some have entertained that anterior syphilis is the parent of remote scrofula, consumption, skin disease, rheumatism, etc., is not without foundation. Be this as it may, it is positive that whatsoever diseases the victim of constitutional lues incurs in his lifetime subsequent to the occurrence of the primary disorder, all take character from it, and it impresses upon them peculiarities that do not pertain to similar diseases in healthy individuals who have never been similarly defiled. Verily, "the way of the transgressor is hard."

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ART. XXV.—*The History of Prostitution:* Its extent, causes and effects throughout the world. Being an official report to the Boards of Alms-House Governors of the City of New York. By William W. Sanger, M. D., Resident Physician, Blackwell's Island, New York City; Member of the American Association for the Advancement of Science, etc., etc. New York: Harper and Brothers. Montreal: B. Dawson and Son. Quebec: Middleton and Dawson. pp. 685. 1858.

The notice of this publication forms a fitting continuation of the preceding one. We then were called upon to consider the effect and now

we have to look at the cause of syphilis. Prostitution is the reason of the disease. Had that demoralizing vice never entered the world this source of physical corruption and decay would not have been known. It is impossible to isolate the one from the other. No scheme that has been suggested for the extinction of the malady, without a corresponding suppression of the iniquity, proffers the slightest encouragement of its efficiency; and every endeavor to disconnect the two, by practically guarding against contagion and at the same time attempting no restraint of the crime itself, has been worse than a failure. As long as prostitution continues in the land, equally long will syphilis be dominant. If any one desires to avoid the latter plague he must carefully eschew the former. One of the best analyses of the early history of venereal diseases which we have read was, some years ago, by Mr. Judd, and, if we remember aright, this author believes in what we would call the inherent theory of the poison's development, and refers to the suppositious case of a number of individuals of both sexes, previously free from infection, living promiscuously together, in a condition of prostitution, when the inevitable result therefrom would be syphilis. The illustration, furthermore, presumes this degraded community were living apart from all other society, and that no infection reached them by importation. Every one must confess that disease would inevitably spring up quickly in their midst. Some philosophers, however, might incline to think it would not be genuine syphilis; but against such a conclusion many arguments might be opposed, as, for instance, the first or original production of the real disease. How this might have happened we have shewn in the antecedent review, whence it appears that it sprung up first from the rifeness of such illegitimate proceedings as we have embodied in this example. Again, prostitution, as Dr. Sanger shews, has prevailed from the earliest periods of which we have a particular historical account, and just in strict correspondence has been the persistence of syphilis, for we at least believe that Mr. J., above quoted, ably proves the identity of syphilis as pourtrayed by the Jewish lawgiver with that pictured by authors of our own day. And even admitting there were differences, how likely is it that the poison would be modified by national peculiarities and numerous other influences unnecessary here to signalize, which would be competent to account for them? And lastly, the ubiquity of syphilis. Wherever the human family is, there has the pollution raised its hideous apparitions. This again is met by prostitution, which, as Dr. S. shews, has not only existed at every æra of the world's age, but also, with shame be it written, among the people of every nation. When, then, we hear it asked, how can we do away with syphilis? the correct reply we know to be this—by abolishing prostitution. And how can that be effected?

What rejoicing would attend the decision of this question in such a manner as to lead to the extermination of the monster vice; what heart shocks would be unknown, what family peace undisturbed, what ruin of the noblest virtues prevented, what wreck of all that makes life desirable escaped, what social degradation avoided, what worse than brutal assimilation unencountered, what hopeless despair unexacted, what loathsome diseases banished, what miserable reductions of natural longevity unheard of, and what numerous other forms of individual and public sorrows unfelt, if prostitution had never been. Philanthropists and men of true heart have given the enquiry their utmost considerations, the light of virtue that has shone within their breasts has fallen upon the wretched darkness that overhung their fellow-creatures, who, though fallen, still rightly possessed their deepest sympathies, but the rays have done little else than bring into view the fearful consequences. These have been witnessed, but for their prevention no human illumination has succeeded in devising a feasible remedy applicable to the plague in all its ramifications. Legislation, coercion, matrimony, seclusion and other expedients, have been tried in vain. Prostitution is still rife, and will continue. And yet, notwithstanding her miserable triumph, her extinction is not an impracticability. It can never be conceded that there is anything in the present condition of things or in the physical constitution of being to render her a necessary much less an inevitable occurrence. The parties incriminated are not compelled by any stern, irresistable influence to enter upon her service, and, when so entrammelled, continuance therein is not absolutely unavoidable. On the contrary prostitution is resistible. But success is not to be looked for from extraneous secondary causes, for, unlike the case of other elements in the bitter cup of human woe, she defies their opposition, and progresses fastest when they presume to interpose their obstructions. Until the internal sense be first schooled and ruled no encouragement need be anticipated. The cause of prostitution dwells within the individual, it is identified with the heart, and is strictly a personal possession. No administration of police regulations can possibly reach it, and no measure, whatever it be, will be effective which does not take cognizance in its operation of this great truth and strikes at this, the inbred corruption, the real root of the matter. That this is the only principle upon which the abolition of prostitution can be effected is abundantly testified by Dr. Sanger's history. And we may conclude by subjoining the following extract from it, as contained in a report from, probably one of the first scholars in the medical profession of America, Dr. J. W. Francis. In a report of his on this subject he says:—

"For hundreds of years the Governments of Europe have tried in vain to

dry up the sources of prostitution; with the opening of the present century they began to dike in the river and prevent avoidable mischief. For a long time we too have had laws against prostitution which, with every proper effort on the part of those in authority, have proved as useless as those who live by this illicit traffic could desire—as mischievous in spreading disease as the quack advertiser could wish. Is it not time then to inquire whether we have not attempted too much; whether, if we attempt less, we shall not accomplish more?"

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ART. XXVI.—*A Practical Treatise on the Diseases of Children.* By D. Francis Condie, M. D., Fellow of the College of Physicians, Member of the American Medical Association, Member of the American Philosophical Society, etc. Fifth edition, revised and enlarged. Philadelphia: Blanchard and Lea. Montreal: B. Dawson and Son. Quebec: Middleton and Dawson. 1858. pp. 779.

This is one of the very best treatises on the diseases of early life that has issued from the American press. It has long since taken its place among the standard works of the day. It belongs to the class of indispensables, without which no practitioner can get along very well, and with which alone some of our number afford to be satisfied. Although merely claiming to be "practical," it has also a high scholastic claim. We do not find fault with the reservation, for when properly understood it is very appropriate. A "practical" treatise is not merely one which conveys intelligence that admits of being applied under circumstances of necessity, but it is also one which with this yields the cream of the best information that other authors have derived as the result of their personal observations. A practical treatise therefore should not be barely a collection of useful directions, but, with this, it should be a digest of the science of its subjects. Both these characters are possessed by Dr. Condie's present work. He has exhibited extensive research into the literature of medicine, both generally and specially in reference to children's diseases, by having consulted a very large number of productions and applied the best fruits of his labor to the work under notice. And furthermore, upon the special department of Therapeutics, his aim appears to have been to reduce the remarks down to those only which have been proved to have the weight of authority in their favor and can exhibit a clear prospect of benefit upon their injunctions being carried into execution. The treatise having reached a fifth edition, it is presumed to be too long established in popular appreciation to require from us an analysis of its discussion of particular topics. Resting then upon this notice, we conclude with heartily presenting it to the most favorable notice of our readers.

## CLINICAL LECTURE.

(*Medical Circular.*)

*On Asthma an examination of opinions concerning its nature.* Delivered at the Hôtel Dieu. By M. Trousseau.

Asthma is a disease that manifests itself in attacks composed of paroxysms of dyspnœa and oppression, the attacks recurring at periods more or less regular, and after longer or shorter intervals; the respiratory functions resuming, during the intervals, their wonted regularity. Whether the attacks are brought on by the influence of material causes or not, —whether the disease be connected or not with the existence of appreciable organic lesions, asthma is a disease in which the principal part is enacted by the nervous system, and the spasmodic element shows itself dominant over all the others.

An individual in the enjoyment of perfect health, without having committed any excess in eating or drinking, in exercise or pleasures, in the evening retires, well as usual, and sleeps tranquilly. An hour or two afterwards he is suddenly roused by an attack of the most painful feeling of oppression and constriction; his respiration is difficult, and accompanied with a laryngo-bronchial hissing, especially during inspiration. This dyspnœa, this anxiety, increases; he sits up, resting on his hands the arms backward, the face swollen, sometimes livid or deep purple, the eyes projecting, the skin covered with perspiration, he soon throws himself out of bed, and should the ceiling not be sufficiently high, opens the window for breath, when the free, fresh air brings him some relief. The paroxysm, however, continues an hour or two, or even longer, when its rage abates, and the swollen features assume their natural appearance and hue. The urine, at first clear, and voided frequently, becomes less abundant. The patient at last lies down, and his sleep is now without interruption. Next day finds him leading his accustomed life, and pursuing his affairs as usual, experiencing sometimes a sensation, more or less vague, of tightness in the chest, but often having nothing but the recollection of his past sufferings. Next evening, almost at the same hour, the paroxysm returns, and is absolutely similar to that of the previous evening, and subsides like that, in order to return next night, the same repetition taking place, during three, four, five, ten, twenty, or even thirty day's constituting a veritable *attack* of asthma. This attack, the returns of which observe no rule, may be renewed in some individuals after four or five years, even more frequently. Such is the ordinary form of essential asthma, coming on without any appreciable occasional cause, or a mate-

rial cause capable of being detected, unconnected too with any organic lesion capable of demonstration.

Let us now consider asthma as it occurs under the influence of a definite cause. Having myself been subject for a long time to this decease, I shall give you my own case as an example; for in me the attacks are always brought on by particular occcasional causes. The severest I have ever experienced occurred under the circumstances I am about to mention. Suspecting my coachman of stealing the horse's fodder, and wishing to be satisfied about the thing, I got up into the granary, and measured the oats. While thus engaged I was all at once seized with such a fit of oppression and dyspnœa that I had scarcely power left to return to my apartment; my eyes were standing out from their sockets; my face, pale and swollen, was expressive of the deepest anxiety; and I had but time to take off my cravat, and rush to a window for air, for I was on the point of being suffocated. Though not in the habit of using tobacco, I asked for, or rather made signs to those about me to get me a cigar, of which I smoked a few mouthfuls; and in eight or ten minutes the paroxysm had subsided. By what had it been occasioned? Unquestionably by the dust from the oats I had been measuring penetrating the bronchi. But just as certainly that dust could not, of itself, have sufficed to produce that violent proxysm, for the cause bore no proportion whatever to the effect produced. A hundred times in the streets of Paris, or on our boulevards, a hundred times on the highways, have I found myself in an atmosphere of dust far more dense than that arising from the oats, and of which I could have inhaled but a few particles; yet never, from such cause, did I once experience anything similar: the cause, therefore, must have overtaken me under peculiar circumstances. Under the influence of the moral impression I had received from the thought of this domestic theft—an impression every one can understand—how unimportant soever the theft might be, my nervous system had received a shock; and a cause which, under ordinary conditions, would have been inoperative, even when represented by a force of fifty, took effect under these peculiar circumstances, though represented by a force scarcely amounting to one. This cause was the spark which, falling on dried straw, sufficed of itself to produce a conflagration.

I next mention three curious causes of the same kind, one of which, if I remember correctly, is related by Muret in his 'Apparatus Medicarnium.' A pharmaceutist of Tours, though but slightly asthmatic, was seized with a fit of asthma every time powdered ipecacuanha was used in his shop. It was not only when the root was being powdered that he was seized with a paroxysm of an hour's duration, in which there was frightful

oppression; but the same thing took place when even a portion of the powder was being weighed; so that it became necessary to apprise him whenever ipecacuanha was to be used, that he might for the time betake himself to his apartment. No sort of dust, nor any powder but that of ipecacuanha, caused him any such symptoms. I knew, at St. Germain's, another pharmaceutist, asthmatic through life, in whom the attacks were brought on exactly in the same manner, and always by powdered ipecacuanha.

You may, lastly, see in the hospital a woman who was admitted on account of rheumatic pains, and who now occupies No. 6 Salle street, Bernard. She is forty three years of age, and remarkably stout. Her father, she will inform you, up to the time of her birth, was in the enjoyment of the best health. Her mother, she says, sunk under dropsy, which, if we can trust her account, was probably symptomatic of disease of the heart; while her own health, up to her twenty fourth year, when she married, seems to have been excellent. She then suffered an attack of asthma, which continued to recur during two years, ceasing after suckling her children, never to return. The paroxysms came on in the evening about ten or eleven o'clock, and continued all night, leaving the patient about noon, in a state of great depression, though able to attend during the remainder of the day to her ordinary occupation. What I wish, in this case, to call your attention to, is this: the attacks were never more violent than when excited by some external influence, a circumstance remarked by many asthmatic persons. Though nothing was said to her in reference to this fact, she yet remarked that a paroxysm was immediately brought on whenever she happened to be in her bed-room, when her feather-bed was being made. Facts such as these it is not unnecessary to mention. I have stated that, in the first case, the asthma came on without known or appreciable cause; and that in the other three persons, the paroxysm was excited by an external influence, but in the one as well as in the others the disease was purely spasmodic.

But, to continue: A man, without being exposed to cold, is seized with violent coryza; he sneezes twenty, thirty, or forty times in an hour; from the nostrils there is an abundant secretion of clear, liquid mucus. The coryza lasts a day or two, and it might seem merely that the patient had caught cold. There is, first, a nasal catarrh, then laryngitis, and next bronchitis; but there is also a slight cough and towards evening the patient has an attack of asthma. I say towards evening, for asthma usually comes on at night, though there are cases where the paroxysms are diurnal, as there are others that are diurnal and nocturnal, the latter being remittent the others intermittent; here we have the organic affection,

catarrh and bronchitis, with which the spasmodic affection is connected. Indeed it seems not merely connected, but so far dependant, that the asthma might be considered as symptomatic. It is, however, by no means so. The spasmodic disease has so little dependance on the inflammatory affection that let an individual, who has had no attack supervening on a slight catarrh, be seized with bronchitis of a more serious character, or with pneumonia even, and he will have no asthma.

I have long had under my care a rich capitalist who, since he was twenty-five years of age, has been subject to frightful attacks, of which the paroxysms are so violent that till within these last fifteen years he certainly had not been able to lie down in bed seven months, but slept while standing leaning against the mantle piece. Fifteen years ago he was taken with severe broncho-pneumonia on leaving the theatre, his illness was so serious that at one time his life was considered to be in danger. Now, during the whole of this illness he had not a single paroxysm of asthma. He who could not sleep in bed unless his bed were raised so as to resemble an arm-chair, in which he sat rather than reclined, lay down stretched on his back during the whole time this pneumonic disease lasted. He has several times subsequently had catarrhal attacks, but never at such times has he had any asthmatic paroxysm.

The organic lesion is not, then, the starting-point of the disease. Bronchitis, no doubt, plays a part in the production of asthma in such circumstances, but it does so only when the stage has already been set up, when the individual is placed under peculiar conditions, without the intervention of which bronchitis would have been altogether insufficient. The effect produced is not in proportion to the cause; and more powerful causes would act in vain did they not, like that, find the system in the conditions necessary to the development of the disease they are instrumental in exciting. Asthma has, therefore, its personality, nay, it has its caprices, too, like, every nervous disease.

Let us next look at asthma as it affects individuals and as it shows itself in persons of various ages. In children the manifestations of this disease are so singular as to be often mistaken; and I have, perhaps, been one of the first to point out its existence in young subjects.* If there are children in whom asthma shows itself exactly as it does in adults, such cases are rare: and I, for my part, do not recollect but a single instance where it was so distinctly characterised. It was in a young Moldavian, a boy of five years of age, in whom the asthmatic attacks were

* Senectuti quidem præcipuè infestum est; tamen adultos, adolescentes, et INFANSES interdium occupat, Heberden, comment.—Tr.

very distinct and well characterised, and were connected with pulmonary emphysema. Nor did I discover in this boy's antecendants traces of any hereditary affection, nor of gout or rheumatism. Two years after his first visit he was again brought to me with one of his great toes swollen, red, and painful. He had a fit of acute gout the most decided and legitimate—the only instance of gout I have seen in a child, before or since. The arthritis next attacked the knees, and nothing could less resemble acute articular rheumatism. During this attack of gout the patient had not a single paroxysm of asthma—a thing altogether conformable with rule, for, as you will be told, gout and asthma are often manifestations of the same diathesis, so that attacks of gout may alternate with attacks of asthma in the same individual. It was thus with my little Moldavian, who had attacks of asthma, alternating with attacks of articular gout. This form of asthma, I repeat, is that of the adult: in children its manifestations are different. Examples will teach you more than the best description, which indeed becomes impossible, when we take into account the variety of its forms.

One of my colleagues a man of vigorous constitution, had two children whose health were very delicate. Their mother was one of those reasonably hysterical persons in whom hysteria affects chiefly the trisplanchnic nervous system. One of these children was one day seized with symptoms of capillary pneumonia, which showed themselves in a very alarming manner, and soon assumed a dangerous form. The patient had been ill an hour when I was sent for. I ascertained the existence of numerous sub-crepitant *râles*, and there was such difficulty of breathing as to cause us to apprehend impending suffocation. I caused a large vesicatory to be immediately applied to the chest; three days afterwards the cure was complete. The success attending my treatment was too wonderful, and was especially too rapid for me to ascribe to it all the honour of the cure. I was considering myself too happy in the result I had obtained, when some days after there was a recurrence of the same symptoms; this time they lasted only forty-eight hours. I was now convinced, even more certainly than in the former attack, that I had to do with something more than peripneumonia catarrh. I reflected what lobular pneumonia is in the young, and my experience in the hospital as well as in private practice had shown me that I had never lost a child with distinct lobular pneumonia—that this disease yielded generally, not to say always, when left to itself; but this case told me it was no longer thus with lobular pneumonia—of little severity when the subject it attacks has passed his second year, it is so formidable in infants of more tender age that I have seen forty die in forty-two, be the treatment what it might. Considering,

therefore, that my colleague's infant had been cured of so terrible a disease the first time in three days, and the second in twice twenty-four hours, I doubted the correctness of my diagnosis, or at least I corrected it by reference to the hereditary antecedents, not forgetting what the mother of the child was. I said to myself that in this case the nervous element must have acted a chief part, if it did not occupy the entire stage. So, when called again, three months afterwards, to visit this little patient, who, one evening, after he had been playing as usual, was suddenly seized, about ten or eleven o'clock, with a paroxysm as severe apparently as the former; I advised burning stramonium in his chamber, in order to combat the spasmodic element, and next day the child was well. His disease, then, had been a true neurosis of the pulmonary apparatus, complicated with secretion from the bronchi, resembling in this the neuroses that are so frequently accompanied with secretion, as I have on many occasions taken care to tell you. I had here to do with a fit of asthma, and was now for the first time standing in the presence of such symptoms in an infant, or rather this was the first time I had ascertained their existence in subjects so young; for on reviewing all the cases that have come under my observation, I can recollect perhaps a score which I have seen without comprehending. How often has it happened to physicians the most attentive and enlightened, to look on disease and not to see what another, because a better and more attentive observer, sees in a true light, and can clearly understand! Persons with albuminuria had been seen before Bright; but no one before him had deduced from the facts their legitimate consequences. Before Virchow and Bennett, before Magnus Huss and M. Vidal, persons with leucocythemia* were not unknown; but like the former, their cases were misunderstood. Before Bouillaud the co-existence of affections of the heart with rheumatism had perhaps been remarked, but no one before the eminent Professor of 'La Charité' had divined the relation that exists between those affections and rheumatism. So with me; it was only now, when looking on the disease for the twentieth time, that I at last understood its true nature.

I was acquainted with a magistrate whose wife and niece were both of a temperament highly nervous. His child being subject to catarrhal

* M. Vidal, in his excellent monography on "Leucocythemia," published in 'Gazette Hebdomadaire,' 1856, has cited many authors, from Hippocrates downwards, who have mentioned under the names, engorgment, obstruction, and hypertrophy of the spleen, cases which, though confounded one with another, present an evident resemblance—a remarkable identity with the cases of leucocythema published in our day, and with those he has himself seen.

affections was taken to Nice, where they passed the winter, but in May, being seized with a very violent catarrh, he was again brought back to Paris as soon as he could bear the journey. He was seized on his arrival with the same symptoms, when I was called, with M. Blache, and found him in a state apparently bordering on asphyxia. Recollecting, however, the facts I have just related to you, and taking into account his hereditary antecedents, his mother was, as I have told you highly nervous. I was far from feeling alarmed, and I prognosticated that the conflagration would be easily extinguished. We ordered fumigations with datura; and in order to quiet the imaginations of his parents rather than on his own account, we prescribed a mixture of no potency whatever—in fact, a veritable homœpathic potion. In two hours the symptoms abated; next day he was well, and we were received by the family, who ascribed, no doubt, our success to the potion with demonstrations of joy. The little patient has since suffered from similar symptoms which have each time been allayed by datura.

My attention once fixed on this sort of asthma, it did not any longer escape my attention when occasion brought it under my notice; and I have now met with it often in children, often at least when the rareness of the disease is considered—a case or two every year. Now, asthma always shows itself in those forms I have indicated to you; but in our young Moldavian it took the form it has in the adult. In the cases I have mentioned the disease had a very rapid course, but the symptoms may sometimes last seven, eight, ten, or twelve days. Though the catarrhal element may predominate and obtain entire ascendency—and that perhaps because our interferences has not been sufficiently active or sufficiently early to prevent such result, yet the nature of the affection still remains unchanged; it is still the same disease in which the nervous affection is the capital and essential element on which the catarrhal inflammatory affection is superimposed. So true is this, that if you come in time with therapeutic means capable of combating effectually the spasmodic element, even when the catarrhal element has manifested itself, the disease marches on *uno tenore*, and yields more easily than would a legitimate pulmonary catarrh, even when the catarrh has in the former instance assumed greater intensity and a more formidable appearance than in the latter. No doubt where the catarrhal element has for a length of time been predominant, the disease is recognised with greater difficulty but still it is marked by those caprices in the symptoms, those attacks of oppression and suffocation, that return principally at night and in an intermittent manner, and often continue, even when the catarrh has ceased, with an intensity that bears no longer any proportion to the in-

flammatory affection. On the other hand, the general symptoms, the febrile phenomena, are but feebly marked, and here also they bear no proportion to the intensity of the thoracic symptoms.

Lastly, as to prognosis, the attacks how frightful soever they may seem, subside to return, however, at intervals more or less remote or more or less near. Can such be said to be the case with peripneumonia catarrh, so severe as to excite such marked symptomatic phenomena? No, certainly; for the latter disease seldom attacks twice the same person, since usually, if not always, the first attack proves fatal.

I have related cases to show you the manner in which asthma develops itself; I have given you my own case, and have spoken to you of catarrh as an occasional cause. Among the occasional causes of asthma, however, there is one highly curious and important, which it is necessary to point out—I mean conditions of *climate and habitation*, and these shall be the subject of our second lecture.

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## THERAPEUTICAL RECORD.

*Arnica cerate.*—N. Hynson Jennings (Journal of Maryland College of Pharmacy) prepares a plaster, of hard cerate of arnica, in the following way: Take of arnica flowers, four ounces; olive oil, six ounces; beeswax, ten ounces; diluted alcohol, sulph. either, of each a sufficient quantity. Having reduced the flowers to a tolerably fine powder, moisten with diluted alcohol and pack firmly in a glass funnel; exhaust, and by means of a water bath, evaporate to about five fluid ounces, and mix with the oil and wax, previously heated together; then boil over a slow fire till all moisture is dissipated, and lastly strain. A little ether is required to dissolve the resin deposited on the sides of a porcelain dish.

He states that it has been found to afford great relief in tenderness of the feet, produced by exposure to intense cold.—*Peninsular Journal.*

*Chromic acid in syphilitic vegetations.*—Mr. Hairion, after describing the advantages derivable from the chromic acid in certain forms of the granular eyelid (a disease of common occurrence in the Belgian army), observes that the trials he has made of the acid, as recommended by Marshall and Heller in syphilitic vegetation, have been attended with the most complete and rapid success. Moreover, its application, whether to these syphilitic vegetations or to the fungus granulations of the conjunctiva, is never attended with pain or reaction, notwithstanding the rapid destruction of tissue that takes place.—*Annales d'Occulistique.*

*Cold applications and sulphate of copper in croup.*—Dr. Pudon relates some cases as examples of the great benefit he has derived from the continuous applications of cold wet compresses to the neck simultaneously with the

administration of sulphate of copper in two-grain doses every half hour; sixty-four grains having been given in one case and seventy in another.—*Journal fur Kinderkrank.*

*Collodion in herpes zona.*—Professor Fenger has of late been treating this troublesome affection advantageously by collodion, smearing it by means of a pencil over the whole of the vesicles, their bases and their circumference, or wherever there is redness. It should be applied as early as possible, and three layers in thickness, renewing it next day. He finds the addition of castor oil to the collodion an improvement; but especially prefers the solution of cotton wool in acetic ether.—*Schmidt's Jahrb.*

*Extemporaneous chlorine solution.*—A preparation of chlorine can be readily prepared, as follows: ℞ Common salt, twenty-four parts; sulphuric acid, twenty-four parts; red lead, one part; sulphuric acid, twenty-four parts; cold water, one hundred parts. Mix the red lead with the salt, and introduce into a vessel containing the water. The acid is then gradually added, stirring at intervals. By this process sulphate of lead is first formed and precipitated, and sulphate of soda and chlorine remain in solution; the latter gives the liquid a yellow color, and is gradually disengaged from the surface of it. For disinfecting purposes, it should be poured into shallow plates. It is cheaper than chloride of lime, and more convenient.

We have recently had this solution recommended by Mr. Hagan, a pharmaceutist of Troy, N. Y., as an admirable means of bleaching sponges, a single immersion in it for a few moments rendering white the coarsest or finest sponges, without materially injuring their durability.

*Peninsular Journal.*

*Iodine in ague.*—M. Barrilleau has cured thirty-seven out of forty cases of ague, in which he has tried the tincture of iodine. He continued its use for several days, giving ten drops as a dose in infusion of chamomile.—*Rev. Med.*

*Vinegar in dropsy.*—Dr. Beyer, a military practitioner at Breslau, treats almost all dropsies exclusively by wine-vinegar, giving a spoonful of the fluid every hour, and in the intervals water acidulated with it. Six ounces are consumed daily, and a complete cure may require from six to nine pounds. The appetite is increased rather than diminished during this treatment; and at first three or four stools per diem are produced, which augurs success. When, after a time, the patient becomes disgusted with the vinegar, lemon juice may be substituted. —*Ib.*

*Application of cold in the vomiting of pregnancy.*—M. Dezou has published three cases of obstinate vomiting in pregnancy, in which he has derived great advantage from the employment of a towel wet with cold water, wrung out, and applied as a compress to the pit of the stomach, renewing it every five minutes. The procedure will, however, be only found useful in purely nervous vomitings. —*Ib.*

# PERISCOPE.

*On Immediate Straightening and Cauterization under starch-bandages, in the Treatment of White Swellings. Utility of Chloroform in discriminating between Muscular Contraction and Coxalgia, Croup, Cutaneous Anœsthesia. Tubing of the Glottis, substituted for Trackeotomy.*

A communication made to the Academy of Sciences by Dr. Bonnet, of Lyons, on the treatment of white swellings by instantaneous straightening, has, in latter times, created a very lively sensation in the medical world.

In many diseases of the joints, says Dr. Bonnet, articular lesions coëxistt with deviations and incomplete luxations. Prudence sometimes points out the propriety of not interfering with these mal-formations, but it is often requisite to replace the limb in its proper direction. Now, when straightening is necessary, there are two modes of effecting it; immediate straightening by forcible extension, and slow and gradual straightening by machinery. Great experience in both, which he has compared, has proved to Mr. Bonnet the superiority of the former of these modes over the latter.

Dr. Bonnet already proclaimed, seven years since, its excellency in coxalgia attended with fibrous adhesions. This surgeon now shows that in all deformities without organic lesion, or resolution, the mode of straightening to be preferred, is that which requires but one operation, followed by the protracted immobilization for several weeks.

The essential and general rule to be followed in such cases is, first to loosen the articulation during artificial anæsthesia, and to restore its mobility completely. This may be accomplished by an alternate series of gentle flexions and extensions, graduated and carried to the extreme limit of the natural movements. The adhesions being destroyed and mobility restored, may be proceded with. Proper tractions and pressure are then sufficient, and success is in proportion to the mobility obtained.

When the limb operated on has resumed the best possible direction, nothing further is required but to fix it in its new position with all due precaution, in order to prevent or alleviate the consequent pains. Grooves constructed with annealed iron-wire, properly lined, may be employed for this purpose. But these grooves are not indispensable, and, in Dr. Bonnet's estimation, it is preferable to use a wadded and starched pasteboard bandage. Some days ago, Mr. Bonnet applied his apparatus, in the presence of a great number of persons, at the clinical lecture of Dr.

Nélaton; and we remarked the minute care with which he arranged its various parts. The surgeon first rolled round the limb thick strips of wadding, which he fixed in their places by a few turns of a linen roller; pasteboard splints, impregnated with liquid starch paste were placed over it, and were, in their turn, covered with starch-bandages of considerable length; in order to give this apparatus immediate solidity, Mr. Bonnet applied over all, annealed iron-wire splints, which he prefers to Mr. Scutin's dry pasteboard ones.

Thus constituted, the starch-bandage must be left in its place for three weeks or a month. At the end of that time it is removed, the diseased parts are examined, and the surgeon, by applying either a new bandage of the same nature or some other apparatus, completes the straightening, and endeavors to obviate the return of the deformity, which long preserves a great tendency to recur.

But how brilliant soever the result of the straightening may be, when viewed with reference to form, to functional aptitude, or the rapid improvement of the inflammatory state and the removal of pain, it does not, however, directly tend to cure the disease itself. To obtain this ultimate benefit, Mr. Bonnet practices cauterization under the starch-bandage.

This cauterization can be performed with caustic potash, Vienna paste, or chloride of zinc. Mr. Bonnet usually employs potash lozenges wrapped up in wadding, so that the escharotic liquid may not extend beyond the point to be acted on.

Whatever caustic may be selected, it is important that the bandage applied after cauterization should extend far enough to procure absolute immobility and a complete protecting cover. Thus, for instance, after an operation on the knee, the bandage should extend from the extremity of the foot to the pelvis, and thus render motionless the foot and even the hip. In this manner the counter irritants act exclusively on the skin and the cellular tissue, without the local inflammation which follows the application of caustic being communicated to the diseased synovial membranes, as would happen were the limbs abandoned to their natural movements.

Dr. Bonnet began, in the spring of 1857, cauterizations in combination with immobility and occlusion, and since that period, sixty cases referring to white swellings of the foot, knee, elbow and hip, have testified in favor of this method. In the fifteen months which have just expired, Dr. Bonnet has cured, or improved to a degree bordering on cure, three white swellings of the foot, as many of the knee, and one of the elbow, all attended with numerous abscesses proceeding from the joints and in

conditions which, according to habitual surgical practice, would have justified amputation.

We should add that, during the period of cicatrization of the cauterized parts, the limbs remain supported in grooves which, while they insure immobility, expose to view the regions which require to be dressed. At the same time, a treatment calculated to modify the general state of the patient is instituted, and during the convalescence, light supports are used, with can be placed and removed at pleasure, an indispensable prop to limbs weakened by too long protracted inaction. Such is the method expounded by Dr. Bonnet, not only before the Academy of Sciences, but before the greater part of the learned societies of Paris. Several members of the Society of Surgery expressed a desire that Mr. Bonnet should state with precision the circumstances in which immediate straightening may be practised in coxalgia. Mr. Bonnet replied that for four months past he had attempted straightening eight times in that articular disease, and that he had succeeded seven times. He attributed this enormous proportion of success to the fact of having operated on subjects under fifteen years of age. Before the twelfth year, straightening, applied to coxalgia, presents chances of success so numerous as almost to amount to certainty, unless the deformation is of several years' standing and presents many closed sinuses. Above the age of fifteen, the difficulties of straightening are extreme, particularly if the injury is more than six months' date. The effects of counter-irritant cauterizations are then but uncertain, and deep and direct cauterizations may be attended with danger. Relatively to the circumstance of the disease being acute or chronic, Mr. Bonnet has always found that, far from being counteridicated by the acute state, straightening and immobilization are the best means of treatment which can be opposed to the inflammatory action. In the chronic period, straightening in children is still applicable, when any traces of mobility remain. Complete anchylosis, at any age, and in every case, is a formal counter-indication to straightening. To confute the objections raised on the subject of the inflammatory accidents, which might be induced in a diseased articulation by his operation, the skilful surgeon of Lyons had but to invoke his own experience. By resorting to methodical movements alone, by keeping up a uniform temperature around the diseased limb by means of the thick layer of wadding with which his apparatus is provided, by rendering the limb immovable after it has been straightened, Dr. Bonnet has never had to deplore any serious accident, even when, to attain his object, he has been compelled to perform the subcutaneous section of the contracted muscles.

We shall certainly revert to a question which promises to afford for

a length of time matter for discussion at the meetings of our learned societies; but we have deemed it a duty at once to call the attention of our readers to one important result obtained by the application of Dr. Bonnet's method. We allude to the facility with which artificial anæsthesia generally enables the practitioner to discriminate between mere muscular contraction and real coxalgia.

The *Gazette des Hôpitaux* has published on this subject several interesting cases, one of which was observed in Dr. Robert's wards, at the hospital of the Hôtel-Dieu in Paris.

A young woman, twenty-five years of age, occupying the bed No. 3, of Saint-Paul's ward, presented, the last four months, all the symptoms of coxalgia, viz., pain in the hip, improper attitude of the limb, which was bent upon the pelvis, placed in adduction and slightly rotated inwards, with consecutive deviation of the pelvis, immobility, resistance to straightening, attempts to effect which occasioned much pain, etc. Dr. Verneuil, who at present supplies the place of Dr. Robert, desirous of applying Dr. Bonnet's method in this case, had her conveyed to the operating theatre, where, previously to any operation, she inhaled chloroform. Mr. Verneuil expected that he should have to use great strength and he had secured the co-operation of numerous assistants, when, to his surprise, the limb reduced itself, as if spontaneously, at the first efforts of the operator. It was then easy to cause the thigh to perform, without the least violence, the most extensive physiological movements, without experiencing any resistance whatever, and without the hand or the ear detecting the smallest amount of friction. The limb replaced in its proper position, was maintained by means of Dr. Bonnet's apparatus.

We read on the other hand, in the *Gazette hebdomadaire*, that in a girl of eighteen, who had been for three years thought to be laboring under coxalgia, anæsthesia, employed for the purpose of immediate straightening, enabled Dr. Robert to ascertain the complete integrity of the coxo-femoral articulation and to discover a muscular contraction, which was most successfully treated by walking, electricity and general tonics.

The same journal relates another fact, well worthy of attention. Dr. Laugier had to treat, in his wards of the Hôtel Dieu, a boy who had been suffering three years in the right hip. The pain felt by this patient was at times so intense, that for a fortnight he remained seated on the edge of the bed with his feet resting on a chair, his thigh bent and in outward rotation.

Dr. Laugier, unable by ordinary means to relieve this child, put him under the influence of chloroform and performed instantaneous straighten-

ing without encountering any serious difficulties; a mechanical apparatus was then applied to render the extension permanent. The pain ceased as it were by magic, and the patient was soon able to walk with crutches.

Facts, such as these, are so much the more deserving of remark, that the muscles, as Dr. Jules Guerin has observed, play an extremely important part in coxalgia. Sometimes they are in a state of contraction, i. e. of spasm, and susceptible of immediate return to their normal length and consistency; at other times they are in a state of retraction or of organic shortening, and do not resume their physiological dimensions unless by laceration or tenotomy. This surgeon even considers muscular contraction the essential sympton, one of the earliest in coxalgia; so that it may exist without disease of the bones, as it, at times, is superadded to a morbid condition of the bones, and is then merely an accessory phenomenon. The benefit which may be derived in these various cases, from an agent that alleviates pain, enlightens diagnosis, and becomes the first element of rational therapeutics, will be readily conceived.

Within the last six weeks more than twenty children attacked with croup have been operated on at the Saint-Euginie hospital. The attention of the physicians of this hospital has therefore been much engaged in the observation of this disease; and the clinical studies, to which Dr. Bouchut in particular has devoted himself, have produced results which we deem it our duty to lay before our readers.

We would first notice the existence of a new symptom of croup, which affords an indication for tracheotomy. Since Professor Trousseau has again brought his operation into favor, the question has often been asked at what time, except that of asphyxia with suffocation, the operation should be performed on children attacked with croup. We stated, some years since, in this journal, that Dr. Trousseau was of opinion that it should not take place before the last stage of the disease had fairly set in; more recently the eminent professor has pronounced in favor of an early operation. Increasing asphyxia is, with the major part of practitioners, the determining consideration; but it is known that children die with their faces pale, without cyanosis or apnœa; in short without any apparent traces of asphyxia. With regard to the latter therefore, the practitioner has no indication to guide him.

Now there is, in Mr. Bouchut's estimation, a more certain sign of asphyxia, viz. *cutaneous anœsthesia.*

Whether asphyxia be *latent* or *apparent*, when the obstacle to hæmatosis has lasted for some days and the disease is approching a fatal termination, the skin gradually becomes insensible, and it may be pricked or cut without occasioning any pain, or at least any movement indicative

of suffering. If croup requires tracheotomy, it is not rare to see children undergo the operation without manifesting the least sensibility. Dr. Crequy, formerly Dr. Barthez's house-surgeon, has just published in his inaugural thesis the case of a little girl of six years of age operated on for croup, who, having recovered from the operation, declared she had felt no pain. Dr. Demarquay has similiarly ascertained the existence of anæsthesia in a woman on whom tracheotomy was performed for an accidental fit of suffocation. Anæsthesia is not therefore an effect of diphtheritis, but of the interruption of hæmatosis, and, as experiments on animals have proved, the result of the presence of too large a proportion of carbonic acid in the blood. Now, what is the clinical importance of this phenomenon? As we have said above, it affords one indication more for the performance of tracheotomy, and this indication will be particularly useful in the case of *latent asphyxia.*

Mr. Bouchut has thus contributed to increase perhaps the favorable chances of this operation. But his ambition did not stop here, and he has recently communicated to the Academy of Medicine an idea which, already carried out with two children attacked with croup, would tend to nothing less than the suppression of tracheotomy as an ultimate resource henceforth useless.

After all the attempts made to arrive at the cure of croup by the introduction of the catheter into the larynx, Mr. Bouchut has drawn from that practice, the principle of a new method, which he designates by the name of *tubing of the glottis*, and which consists in introducing, and leaving for a time in this orifice, a metallic ring.

The instruments he has used twice on living subjects are: 1. curved male catheters of different sizes, open at both ends and intended to penetrate into the larynx as guides to the ring which this organ is to receive; 2 straight cylindrical silver rings, of from ½ to ¾ of an inch long, provided at their extremities with two ridges at the distance of a quarter of an inch, and pierced with a hole for the passage of a silk thread, the function of which is to preserve a hold upon the ring from without; 3. a ring to protect the forefinger, or an instrument designed to keep the jaws open. When provided with these instruments, Mr. Bouchut employed them first on a dead subject and he ascertained to his own satisfaction and that of his colleagues that after having been introduced into the larynx, the upper edge of the ring was engaged beneath the superior vocal chord in the ventricles of the larynx; that the movements of the epiglottis and the arytenoid cartilages were not obstructed; that the inferior vocal chord placed itself between the two ridges of the canula, and consequently that it was above the lower ridge corresponding with the internal face of the cricoid cartilage.

This being accomplished, it became necessary to apply the method on the living. An opportunity soon presented itself, but it was during the dreadful epidemic, which in the month of August sent to the Saint-Eugenie Hospital fifteen cases of croup, which terminated fatally. Diphtheritis was generalized; and in addition, as Mr. Bouchut acknowledges, had the two children, on whom the *tubing* was performed, recovered, nothing positive could be concluded from the circumstance. All that can be said, and Mr. Bouchut has kindly permitted us to witness the operation, is that the tubing of the larynx is not a difficult process; that the canula remaining in the glottis for thirty-six hours was perfectly harmless; that the two children could speak distinctly and take liquids without swallowing them the wrong way, and that there was, in every respect, a temporary improvement analogous to that which follows tracheotomy.—*Jour. of Prac. Med. and Surgery.*

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*The recent Trial for Rape at Montreal.*—In a late number, we took occasion to refer to the trial of a dentist in Montreal, for alleged criminal assault upon a female patient whom he had rendered insensible by the inhalation of chloroform. The editors of the Montreal Chronicle, while they agree with us in the opinion that the defendant was unjustly condemned, think that an important element in the settlement of the question would be the nature of the anæsthetic agent employed, because, according to them, sulphuric ether is much more likely than chloroform to cause erotic ideas, when inhaled. We believe this opinion to be wholly unfounded. It is not common, we presume, for such effects to follow the administration of either agent, but they do sometimes unquestionably occur, and as often with chloroform as with ether. The fact is, that the plaintiff in this case, as happened in the celebrated case of Dr. Beale, of Philadelphia, was menstruating at the time. The sexual functions were consequently in a state of excitement, and the administration of any stimulant, even a couple of glasses of champaigne wine, would have been like to create erotic ideas, and to vividly impress the patient with the belief of their reality. The instances of such effects from chloroform are perfectly well authenticated, and one was testified to by a medical gentleman during the trial.

We take this opportunity of again protesting against the injustice of allowing the testimony of a person concerning facts which took place while he or she was in a state of complete or partial insensibility, unless corroborated by other evidence, to have any great weight in a case like this. Whose life or reputation is safe, if a patient can so easily swear it away? It was not even established that any rape had been committed

at all, any more than in the Philadelphia case to which we previously alluded, before the trial took place. We cannot forbear also commenting upon the extraordinary verdict rendered at the Montreal trial. If the defendant were "guilty of an attempt to commit a rape," upon what grounds was he entitled to a recommendation to mercy"? What circumstances can palliate such an attempt, especially in a case like the present, where the crime would be a most atrocious violation of confidence? Either the defendant was guilty or not guilty, there could be no other alternative; and, if guilty, he ought to be subjected to the heaviest penalty prescribed by the law.—*Boston Med. & Sur. Journal.*

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*Ash Tea as the Remedy for the Bite of a Rattlesnake.*—Dr. George S. Blackie:—Dear Sir, An old Tennessee friend of mine writes to me to know if I were ever called to attend a patient suffering from the bite of a rattlesnake, or any other poisonous reptile; if so, to know my treatment, and the result of that treatment, as he is in misery through fear of being bitten by one. As he is a subscriber to your valuable Journal, I send my answer to you for publication, if you deem it worthy of filling a page for you.

My answer is, that I have treated two patients bitten by rattlesnakes, and one by a spreading adder. In every case the treatment was the same, with like results. The first was a negro women. While binding fodder late one evening, she was bitten on the fleshy part of the arm. I gave her about one pint of ash tea, prepared by taking a handful of the inner bark of the ash, adding one quart of water and boiling down to a pint. I do not give it all at once, but about half a gill every twenty minutes. As soon as the patient has taken about two portions, he will break out into a profuse perspiration. I also applied a poultice of the bark to the bitten part. On the following day the negro went to the field as usual. Case second was treated in the same manner with the same results.

Case third was Mr. N., who had hid a bottle of whisky behind the gate post, and wanting a dram about noon, reached his hand through the crack of the fence for it, and was bitten by this rusty old adder, who was guarding the bottle. The same treatment was adopted, but the patient was three days in recovering.

I am satisfied that the tea prepared from the ash bark is an effectual and safe antitode for the poisonous bite of such serpents as frequent this part of the country. The tea thus prepared is as bitter as quinine itself. Being satisfied that it is a certain and speedy antidote, I never pretend to do anything else, always applying a poultice of the bark to the bitten

part. Why the remedy has not been more generally used, I cannot say. It was a new thing to me in the spring of 1854.

I draw my conclusions from the following facts: 1st, That after using the ash tea, a moderately large dram will produce intoxication as if nothing had happened. 2d, That a rattlesnake will not snap or bite at an ash pole. You may torment him with a pole of any other kind of wood, until he is entirely mad, then try the ash pole, and he will coil himself up, and no effort on your part can induce him to strike a stick of ash wood. How ash tea ever came into use as an antidote for the bite of a poisonous serpent I know not. I have the history of its origin from an old Frenchman, who follows hunting and trapping. He says that a hunter was once bitten by a rattlesnake, and the effect produced by the bite was sickness and blindness and the hunter becoming hungry commenced to gnaw everything that came in his way; among the rest he fell on an ash root, which entirely relieved the sickness and also the blindness. Whether his statement is entitled to any confidence or not, I am unable to say.

Yours respectfully,

—*Nashville Jour. of Med.* Arkansas Swamp Doctor.

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*Proceedings of the Nashville Medical Society.*—President A. H. Buchanan made a verbal report of interest and importance. He was lately called to see Mr. E., of this city, who had a violent bleeding of the nose, which alarmed him in no small degree, as his father had once nearly bled to death from the same cause. All the known remedies were had resource to, but without avail. The Doctor then attempted compression. He was not aware that his remedy was a new one, but not knowing what to do in the case, and while reflecting on the matter, it appeared to him that he might stay this bleeding by simple compression. Sitting then before his patient, he put his thumb and finger on the carotid artery of the right side, and compressed it against the transverse processes of the cervical vertebræ. This stopped the bleeding almost in a moment. Twenty-five hours subsequently, it recommenced; the same practice was followed, and with the same immediate beneficial results. Since this, the bleeding has not recurred. He therefore recommended compression of the carotid artery as a remedy for epistaxis.

The Doctor mentioned also two instances in which he had saved the lives of women by using compression. This was not original, as he had gleaned the idea from reading in a medical journal, he forgot which. In one case the woman was in parturition, the child was already born and hanging by the cord; the hemorrhage was awful; she was entirely

exhausted, pale, almost dead. He relieved her of the placenta, and carrying up the finger, pressed the aorta, immediately above the bifurcation, against the spine, and the bleeding ceased readily, while an assistant swathed the legs in bandages.

Dr. J. F. May stated that he had one compressed the internal jugular vein, in a case in which the vein had been opened. A large fibrous tumor was being dissected out, when numerous deep adhesions in the substance of the neck were detected. Some of these were attached to the vein, and on traction being exercised the coat of the vein gave way. The hemorrhage was terrific. He compressed the vein at once against the processes of the vertebræ, and as the tumor was only two-thirds out, and he had not time to dissect it, he tore it out. Dr. Coolidge of the U. S. N. assisted him in the operation, and kept the patient two hours and a half on the table, and by brandy, friction and blisters, restored him. The vein was tied, and the man recovered, so that in a fortnight after the Doctor removed another tumor from the same subject. The cases of tying this vein on record are very few in number. Dr. Mott, of New York, reported a case some years ago, the first on record, he calls it, but Dr. May claims that his case preceded Dr. Mott's by several weeks. *Nashville Journal.*

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*A Case of Perforation of the Pericardium by Echinococci.* By C. A. Wunderlich. (Archiv fur Physiol. Heilkunde, Jahrgang, 1858, Zweites Heft.)

A laboring man, aged twenty-two, had always enjoyed good health, with the exception of an attack of peritonitis following a blow on the abdomen when sixteen years old. In June, 1857, he observed that his trousers were getting too tight for him across the belly, without other unpleasant symptoms. A week later he was attacked with cholic, diarrhœa, headache, vertigo, and thirst; rigors followed, and he was brought to the hospital. The heart and lungs appeared healthy, but the diaphragm was pushed up to the fifth rib; there was high fever. The abdomen was tender, and the hypogastric region covered with a venous plexus; one prominence was observed in the epigastrium, and another in the cæcal region, due to movable tumors. The former yielded a hollow percussion-sound, the latter one resembling the vibration characteristic of hydatids; the tumors were not more tender than the rest of the abdomen. The total evidence spoke rather in favor of the presence of cancer than of hydatid cysts. The tumors grew rapidly, the tenderness increased, the fever persisted, and icterus supervened, with severe epistaxis and hæmatemesis. Some improvement took place after the middle of

the ensuing July, and the patient in August began to leave his bed; the idea of the cancerous nature of the tumors therefore was abandoned. On the 22d September there was a temporary relapse, and on the 28th September severe pain in the abdomen and dyspnœa, with great tenderness of the upper tumor. The patient recovered again somewhat, but the symptoms fluctuated more or less till the 18th October, when there was a sudden fall of temperature of the body, contracted features, cold sweats, small, slow pulse, quick breathing, increasing collapse, and death on the 20th October. We only note the prominent points observed in the autopsy twenty-nine hours later. In a pulmonary artery of third order, of the inferior right lobe, there was an echinococcous cyst of the size of a pigeon's egg; the remains of echinococci were found in the branches given off from this artery. Pleura healthy; pericardium distended up to the second rib, containing four ounces of a purulent fluid. The parietal layer was thickened and covered with yellowish-red villi; the visceral layer was 1½ line thick; the heart reduced in size, its tissue pale and very friable. At the base of the pericardium there was a perforation with thin, smooth edges, which was covered by the heart, and which passed through the diaphragm, establishing a communication between the cavity of the pericardium and the epigastric tumour; the perforation was blocked up by a small echinococcous cyst which had got wedged into it. The left lobe of the liver was almost entirely replaced by a large hydatid tumor of the size of a child's head, containing numerous subdivisions with echinococci; otherwise, there was no marked derangement in the liver. The upper third of the spleen was occupied by a hydatid tumor of the size of a fist; in the retro-peritoneal space between the diaphragm and the stomach were three similar tumors of the size of apples: six were also found, from the size of a walnut to that of an apple, in the omentum. Between the psoas and the posterior surface of the cæcum was one of the size of a fist; a cylindrical one, three inches long and one broad, lay across the hypogastrium; above fifty were scattered over the mesentery, and two lay under the serous investment of the vermiform process. The intestinal mucous membrane was normal, there was no ascites, and nothing marked about the kidneys.—*British and Foreign Medico-Chirurgical Review.*

# The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS, DIGNITATEM ARTIS MEDICÆ TUERI.

Navy Medical Service.—The last of the three public services of England having Medical appointments is the Royal Navy:—

*Admiralty Office, Somerset House.*

*Director-General of the Medical Department of the Navy*—Sir John Liddell, C.B., M.D., F.R.S.

"The candidate must produce a Diploma from one of the Colleges of Surgeons, also proof of having received a preliminary classical education; of having been engaged for not less than six months in practical pharmacy; that his age be not less than twenty years, nor more than twenty-six; that he has actually attended an hospital in London, Edinburgh, Dublin, Glasgow, Aberdeen, or Bristol, for eighteen months subsequently to the age of eighteen; that he has been engaged in actual dissections twelve months; that he has attended the following lectures—Anatomy, eighteen months (or general anatomy, twelve months, and comparative anatomy, six months); surgery, eighteen months (or general surgery, twelve months, and military surgery, six months); theory of medicine, six months; practice of medicine, twelve months; (if the lectures on the theory and practice of medicine be given in conjunction, then the period required is eighteen months;) clinical lectures on the practice of medicine, six months; practice of surgery, six months; chemistry, six months (or lectures on chemistry, three months, and practical chemistry, three months); materia medica, six months; midwifery, six months, with certificates of the number of cases attended; botany, three months.

"By an Admiralty Circular, dated 1855—1, Assistant-Surgeons of the Royal Navy are to rank with mates, according to the dates of their respective commissions, and will take relative rank with Lieutenants and Assistant-Surgeons in the Army. 2. Assistant-surgeons serving in ships commanded by captains or commanders are to mess with the ward-room officers; and those serving in vessels commanded by lieutenants or masters are to mess in the gun-room with the other officers. 3. Cabins are to be assigned to Assistant-Surgeons whenever the service admits."

It is reported that the provisions of the warrant recently issued by the War-Office, regulating the grades, rank and emoluments, and general position of the medical officers of the army, are about to be extended in every particular to the medical departments of the navy.

THE

# MEDICAL CHRONICLE.

VOL. VI.] MARCH, 1859. [No. 10.

## ORIGINAL COMMUNICATIONS.

ARTICLE XXIV.—*Two examples of Myeloid Tumor: with general observations upon that form of growth.* By R. P. HOWARD, M.D., &c., Prof. Clinical Medicine, McGill College, etc.

(Read before the Medical Students' Society of McGill College.)

GENTLEMEN,—The great progress which has been made in the pathology of morbid growths, within the past few years, and which has resulted mainly from two causes, the employment of the microscope in the examination of morbid structures and the great attention which has been paid to clinical investigation, has tended to alter materially our modes of regarding and classifying tumors. Formerly, and not very long ago, all tumors were either malignant or benign; and an individual specimen was placed in either class, according to its naked-eye characters, and the result of its removal. If it recurred either at the original site or remotely from it, it was called malignant, even though composed apparently of fibrous tissue or cartilage. When the microscope began to be employed in the examination of structure, and it was discovered that those growths endowed with the greatest proclivity to recur and implicate parts far removed from the primary seat of disease, generally contained an abundance of *cells with large nuclei*, it was inferred that certain cells of specific character were the infallible test of malignancy, and tumors were pronounced malignant or benign, according as they exhibited or not, the alleged specific cells under the microscope.

More extended and accurate investigation, however, is now leading pathologists to abandon the idea that there is one structural element—a cell—always capable of recognition by the practised eye—which is alone endowed with the fatal gift of malignancy, and to admit that growths composed of other elements, as nuclei, fibres, cartilage cells, and cells quite unlike the so-called "cancer-cells," may have most, if not all, the attributes of malignancy—such as rapid and enormous growth, tendency to frequent recurrence both locally and remotely, aptness to ulcerate and protrude, exhaustion of the vital powers, etc. Nay, even, that well marked encephaloid tumors may exhibit no cells; but merely nuclei possessed of no special characters. They are now recognising that the term malignant is purely relative,—that there are degrees of malignancy,—that some growths are highly so, others slightly so, and that between these there are all grades of malignancy. Thus there are growths which only occasionally and exceptionally recur after removal; others which habitually and repeatedly recur, though only or chiefly at the original site; others again which recur both locally and remotely; and yet others which not only recur locally and remotely, but infiltrate and absorb into their own mass the tissues in which they occur and the adjoining textures too, whether hard or soft.

Our knowledge is not yet sufficiently accurate and comprehensive to enable us to fix the *relative degrees* of malignancy possessed by the several varieties of tumors; but, if we should attempt to draw up a table of morbid growths, classified and arranged on that principle, perhaps, the following would approach the truth in its general outline, though, of course, it would not be accurate in all its details:—

*Scale of tumors according to their degrees of malignancy.*

| | | |
|---|---|---|
| Malignant | Encephaloid, Colloid, Scirrhous, Osteoid, Epithelial | Cancer. |
| Semi-malignant (they recur locally and remotely) | Cartilaginous. Myeloid. Malignant-fibrous. Recurring-fibroid. Fibro-plastic. | |
| Locally malignant (they recur locally) | Fibro-nucleated. Proliferous cysts containing vascular growths. Glandular tumors. | |
| Innocent | Fibro-cellular. Fibrous. Proliferous cysts containing cysts. Barren cysts. Osseous. Fatty. | |

You will perceive that I retain the fibro-plastic as a distinct form. I do so, because, it is not quite certain whether the tumors included under that designation by Lebert, can all be assigned either to the myeloid, recurring-fibroid, fibro-cellular, or fibrous class. To refer now to this table: the growths which occupy its extreme ends certainly differ very widely from each other, so that we have no hesitation in calling a fatty tumor innocent, and an encephaloid malignant; still, the several groups pass insensibly into each other, and tumors having identity of structure, may be found occupying places both in the benign class and the locally malignant, or in the semi-malignant and the malignant.

The transition of the semi-malignant into the malignant is well illustrated by the cartilaginous tumor, which occasionally not only grows with great rapidity to an enormous size, but recurs when removed, and appears both in the lymphatics and in remote organs, as the lungs. Epithelioma, on the other hand, placed amongst the malignant, has little tendency to propagate itself, unless to contiguous parts; it occasionally does not recur when removed, and but rarely invades remote parts.

The fibro-plastic tumors placed at the lower end of the semi-malignant group, are plainly intermediate between that group and the locally malignant; for although they now and then recur after removal, it is generally only at the original site, and but seldom in remote parts.

Respecting the fibro-nucleated, enough is not yet known to justify their being placed elsewhere than in the locally malignant group; but, it is extremely probable, that, like the last two in the semi-malignant group, they will be found now and then to invade parts remote from that in which they first appear, and thus further corroborate the view I am now advocating.

Lastly, on this topic, while fibrous, osseous tumors and proliferous cysts, are generally quite benign or innocent, sometimes they exhibit some of the characters of malignancy, and thus come to occupy places in two distinct groups of the scale.

It must then be admitted, that, tumors like all natural objects, do not admit of a classification inherently and absolutely correct; for the members of each group, by very imperceptible transitions, blend with the groups placed next in the scale, whether above or below them, and the chief utility of classifying them, is the practical convenience, resulting from collecting the individual varieties into groups, possessing several characters in common.

I have made these few remarks on tumors, by way of preparing you for one of the peculiarities of an interesting variety of morbid growth,

which has only of late years been recognized, and described as a distinct variety.

Early in December last, my friend, Dr. Butler, of Waterloo, requested me to examine with him a patient of his, the particulars of whose case he thus describes :—

"L. H. R., farmer, aged 42 years, of sound constitution and temperate habits, consulted me for disease of the right knee, in the early part of last May. He informed me that in March, 1857, fourteen months previously, he had received a slight blow from a sleigh-tongue, upon the external aspect of the knee, a little above the condyle. A slight puffiness at the spot was the only immediate result, and it was not until a few weeks had elapsed that he began to experience slight pain at the injured part, which, however, was not severe enough to prevent his pursuing his usual avocations through the spring and summer. In early autumn, he found it difficult to walk upon an uneven surface without an increase of pain and some lameness. On several occasions, an incautious step or accidental blow on the limb, very much augmented the pain and lameness for a few days; but this augmentation would subside and leave him in his former condition. During the fall, and part of the winter, an irregular practitioner exhausted his resources in vain attempts to cure the disease. In February, 1858, Mr. R. once more injured his knee, by slipping, and since then has been unable to leave his room or bear the weight of his body upon the member.

I found the joint considerably swollen; fluctuation perceptible, particularly above, on each side of the patella; entire absence of pain on moving the joint in every direction it was capable of, or on forcible pressure of the articular surfaces against each other; no tenderness except over a small spot on the external condyle of the femur; he suffered a pain which he describes as of a 'burning or scalding character encircling the upper part of the knee-joint.' The pain was not influenced by the weather, and was most severe during the day. The treatment employed consisted of local counter-irritants; blisters; tincture of iodine; an issue; mercury, and iodide of potassium, in alternative doses for some time. The joint was put up in the manner recommended by Scott; and again, immobility was secured by the double-inclined plane. At first, the pain was relieved completely by the issue, and, although it returned in the head of the femur in October last, and was accompanied by gradual increase of he swelling, it did not regain its previous degree. All means having failed to arrest the disease, I now made an exploratory puncture of the joint with a fine trocar, and obtained chiefly a sanguineous-looking fol-

lowed by a thin straw-coloured fluid, a portion of which was forwarded by letter to yourself, for microscopic examination; but you have informed me you never received it."

At the consultation, we found Mr. R. in very good health for a person confined so long to the house (10 months); thin, but not much emaciated; slightly anxious-looking, but hopeful; pulse rather frequent, small and quick; digestive functions well performed, and appetite fair; no cough, and nothing abnormal discovered on physical examination of chest.

Since October last, he has suffered rather severe pain in the head of the femur or across the upper pars of the knee, especially in the afternoons; but it has been easily alleviated by a small dose of morphia, and has never been of an intolerable or very severe character.

The right knee presents a smooth uniform enlargement, extending from the head of the tibia upwards, say four inches in the femur. It has very much the contour seen in thickening of the synovial membrane of this joint. The integument of the part is of the same colour as rest of the limb; a few moderately large veins are visible beneath it; there is no tenderness at any point unless very firm pressure is made over the external condyle. A somewhat elastic, somewhat doughy sensation is experienced in handling this part, especially on each side of the patella Over the external condyle, the swelling is more yielding, and here two distinct plates of bones can be felt, apparently formed in the substance of the external lateral ligament, or in the thickened fibrous tissue of the part. Pressure on these osseous fragments easily forced them inwards, and proved that the lower one, situate at the lowest part of the outer condyle, is irregular, while the upper one, extending from the latter in the direction of the external ligament, is long and narrow. No distinct fluctuation present anywhere; but it is somewhat simulated at this portion of the knee, and the opening made by the trocar is here situated. The patella does not float, and is but slightly moveable. The popliteal space is filled up by a firm material. No pain whatever, is experienced on percussing the heel or forcibly rotating the tibia on the femur. The leg is partially flexed on the thigh, and admits of some movements of flexion and extension, but not to any great extent; it has been kept in this position for several months. He cannot bear any weight on the toes of the right foot, and in raising the limb from the bed he grasps the leg in his hands to aid the pelvic and crural muscles.

Careful manipulation proves the tumefaction to involve, chiefly, if not exclusively, the condyles and lower part of the shaft of the femur, and to be really an enlargement of that bone. The probe passed through the

orifice made by the trocar, appears to enter the condyles of the femur, and, at the depth of 3 inches, touches bare bone. The diseased knee measures 3 inches more than its fellow; there is much wasting of the thigh and leg.

In discussing the nature of the case with Dr. Butler, I agreed with him that it was not an ordinary case of chronic articular disease with ulceration of the cartilages and disorganization of the joint, although there was probably some thickening of the synovial membrane; and gave it as my opinion, that it was probably an instance of myeloid disease of the end of the femur; but admitted the possibility of its being malignant disease.

My reasons for this opinion were the following: the blow received from the sleigh-tongue was not on the joint, but a little above the outer condyle; it was not immediately followed by swelling and tenderness of the articulation, suggestive of synovitis; nor, for some weeks, by pain at the injured part. At no time throughout the case had the pain been severe, as if the articulation were becoming disorganized; the fluctuation observed when Dr. B. first took charge of the case, disappeared under suitable treatment, but there was no corresponding improvement in the other symptoms, and the enlargement continued to augment; although the disease had originated 21 months previously and had rendered the leg useless and incapable of bearing any weight, the ordinary symptoms of ulceration of the cartilages and caries of the articular surfaces, were absent, and had never been present; the trocar had evacuated chiefly blood and a thin straw-coloured fluid, very unlike pus; the enlargement, when seen by me, involved very plainly the condyles and a portion of the shaft of the femur, rather than the knee joint; it was a circumscribed globular enlargement of the end of the bone, and the outer part of the tumor contained moveable, yielding bony laminæ, a symptom which I had before noticed in a case of myeloid disease of the condyles of the femur.

These features indicated disease of the femur of the nature of a morbid growth, with slight secondary implication of the synovial membrane of the joint.

The circumstances which appeared to render it likely that the tumor was not carcinomatous, were its comparatively slow growth; the absence of severe pain throughout his illness; the unimplicated state of the integument, glands and internal organs; his tolerably fair state of health, without any distinct indications of cachexia; the enlargement not extending along the bone so as to form an oval, elongated tumor, which is the rule in carcimona of bone and osteoid cancer; and the non-existence of malignant disease in his family.

Malignant disease being thus excluded, it remained chiefly to decide between cartilaginous and myeloid tumor, for next to the carcinomatous, these are far the most frequent varieties of tumor found involving the condyles of the femur. It was not possible to say with positiveness, which of these growths was present in this instance, as their general characters are very similar—but, inasmuch as cartilaginous tumors of long bones, almost invariably begin on the outside of the bone and form irregularly modulated tumors, as they consequently must, very seldom indeed, have osseous plates embedded, or set as it were in a yielding membrane, forming their exterior—and would be more likely, when punctured, to be found dry, or to emit a tenacious jelly-like or synovial looking, rather than a sanguinnous fluid, I thought it highly probable that we had to do with a myeloid tumor. This species, begins almost exclusively in the cancellous tissue within the ends of long bones, and causes a gradual expansion of the osseous walls into a smooth globular shell; the ossific matter may be at points deficient, and replaced by a fibrous membrane, the periostium, thus giving rise to a sign which I am disposed to regard as of much value as in indication of myeloid disease, viz: a distinct yielding of the tumor's walls under pressure, and a sensation, as if thin plates of bone, not unlike an egg-shell, yielded or even broke under the fingers. Myeloid tumors, moreover, being highly vascular and containing chiefly a substance of the consistence of flesh or spleen, would not only yield blood when punctured, but would permit a probe to be easily passed into their centre without its impinging on hard, resisting bone or cartilage.

An example of myeloid tumor of the condyles of the femur which I had an apportunity of seeing in the General Hospital in this city, under the care of my colleague, Dr. Scott, in the spring of 1854, also presented the last three signs, and indeed, corresponded in almost every other feature with the case forming the subject of this paper.

The patient was a tolerably healthy looking man, about 40 years of age, who, for a considerable time (some two years I believe) had been the subject of an affection of the lower end of the left femur, which had been long and unsuccessfully treated as disease of the knee, in Glengarry, and was then sent to this city for further advice.

There was a smooth, uniform enlargement of the member above the articulation; this enlargement was most manifest over the external condyle, at which part it was somewhat yielding and obscurely fluctuating; careful manipulation detected at the lower part of the external condyle a thin shell of bone, which crackled under the fingers, and was continuous with the more yielding wall of the enlargement higher up. The

day before the removal of the limb, an exploratory puncture was made, when blood alone escaped, and the probe readily traversed the heart of the tumor and touched its opposite wall, which was formed by the internal condyle. The movements of the joint were very little impaired, and not attended with pain. It proved to be a myeloid tumor, originating within the condyles of the femur, and causing at first their expansion, and ultimately the absorption of a portion of the outer side of the external condyle—but not implicating the articulation.

This case instantly recurred to my recollection when examining Dr. Butler's patient, and influenced my decision very materially. Removal of the limb above the tumur was recommended, and a fortnight subsequently, the patient having consented, Dr. B. amputated at the centre of the thigh, and kindly sent me the diseased parts for examination.

The integument covering the enlarged knee of natural color; very few moderately large veins being visible in it. The joint is much enlarged, and has a circumferance of 16 inches on the level of the upper part of the patella. The enlargement extends upwards to about the extreme limit of the reflection of the synovial membrane of the joint. The crural muscles are wasted and rather pale about the articulation; some portions of them at their attachments to the shaft, where it becomes continuous with the tumor are much altered in structure, being dense, indurated, semi-transparent, and infiltrated with a serous fluid; they cut as if they had undergone lardaceous degeneration. At two or three points, where in contact with the anterior surface of the tumor, the muscle to the depth of $\frac{1}{4}$ to $\frac{1}{2}$ an inch has been transformed into a pulpy detritus of a pale brick color, all trace of fibre being lost. A good deal of very dense fat in the popliteal space. On removing all the soft parts, a globular tumor is exposed, occupying the lower end of the femur, its condyles, and a portion of the shaft. This tumor, of a reddish brown hue on its anterior aspect, and a dark bluish colour on its posterior, is composed almost completely of a thin shell of bone anteriorly, a thin, firm membrane posteriorly, with the healthy looking articular cartilage and a layer of the adjacent osseous tissue forming its lower boundary. At several points besides the posterior aspect, the bony shell is replaced by membrane, and this is most remarkable over the lateral aspect of the external condyle, where two moveable plates of bone, continuous with the thickened periosteum, forms about a third part of the outer wall of the tumor. The trocar had penetrated the tumor upon this aspect, and the probe introduced during life had here entered the cavity of the tumor, instead of the joint. The growth had not implicated the joint; the articular surfaces of which are free of ulceration and caries; the synovial

membrane, however, is somewhat thickened, and covered by a pinkish, tolerably firm, though easily broken down exudation, which has produced adhesion of the patella to the femur, and the other opposed surfaces forming the articulation to each other. No fluid exists in the joint, indeed there is no place for any.

Circumference of the tumor above the condyles $12\frac{5}{8}$ inches, around the condyles, including the adherent patella, $12\frac{1}{8}$ inches.

A longitudinal section of tumor exposed the shaft of the femur terminating abruptly, as though broken off, half an inch within the osteo-membranous tumor. It now appears that the walls of the tumor are continuous with the periosteum of the bone, and apparently formed by or covered with it. Along the upper and anterior aspects of the internal half of the tumor there, is unequally distributed bony matter, evidently consisting of the expanded condyle, and perhaps of bone, newly formed from the inner surface of the periosteum; the latter, occupied the surface of the tumor, and the former, the lower extremity (articular). Besides three or four osseous laminæ projecting inwards from the walls, the contents consisted chiefly of a deep-red, soft substance, generally of consistence of soft butter, but interspersed with irregularly branched lines of tougher and firmer consistence; various shades of redness exist in this material, and it is streaked here and there with opaque yellowish white lines and spots, so as to remind one of a hepatized portion of lung traversed here and there by bronchi. This material, save where mottled by whitish streaks, resembles very much the spleen pulp in color and consistence when that organ is slightly softened. Besides this red material, there is another of the colour of the *marrow* in the shaft, but softer; it occupies a series of oval, cyst-like expansions or cells in the bone, forming the antero-superior aspect of the tumor. These loculi in the expanded bony portions of the tumor are numerous, and vary in size from those capable of holding a pea, to one capable of holding a bantam's egg. The largest one contains a mixture of the red and the whitish material. the former greatly preponderating. Indeed, the oval globular arrangement is remarkable throughout the tumor, and the large central mass of pulp, is itself egg-shaped, and may be as easily turned, leaving the wall of the tumor free, as a kernel is out of a nut.

The medullary canal of the femur for about one inch and a half from the cyst is filled with ossific, cancellated tissue.

The red pulp, examined microscopically, exhibited an abundance of large cells, enlosing numerous large oval nuclei; most of these polynucleated cells were circular or oval, and only two or three appeared to have caudate processes; indeed, they resembled the mother cells

figured by Lebert (plate xiv. figs 5 and 9), rather than those delineated by Mr. Gay, Drs. Gall, Bristow, and others. In the white portions of the tumor, the many nucleated cells contained fatty granules, as though undergoing fatty degeneration. Many large cells also, contained numerous pigment granules. Innumerable fusiform cells, or elongated nuclei, were scattered throughout the tumor.

(TO BE CONTINUED.)

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ARTICLE XXV.—*Case of Twins with a single Placenta.* By J. A. GRANT, M.D., Attending Physician, General Protestant Hospital, Ottawa, C. W.

Jany. 25th 1859, I was called upon about 2 A. M., to visit Mrs. B. aged 24 years, presenting all the external characteristics of good health and in labor with her first child. Shortly after arrival I was informed that an old midwife had been in attendance for upwards of fifteen hours. Upon examination found the *os uteri* fully dilated, membranes ruptured, head advanced to the inferior strait of pelvis and in the first position. According to the ascertained history of the case, strong bearing down pains had been existing for several hours and without any visible alteration. After remaining about four hours by the bed side, during which period the pains still continued with no ordinary degree of severity, I was obliged to assist nature and deliver with the forceps, which was accomplished without much difficulty, the bowels being previously regulated and the contents of the bladder removed. The smallness of the child, non-reduction of abdominal enlargement and the detection of fresh membranes, established the existence of twin pregnancy. Finding difficulty in the removal of placenta I resolved upon leaving it until the birth of second child. After an interval of rest of about 15 minutes duration, the pains returned and the membranes protruding were ruptured. The head readily descended to the outlet beyond which, without instrumental interference, there was not much prospect of delivery. An interval of half an hour from the birth of first child, having elapsed, the forceps were again applied and the second child removed, thus terminating the delivery of both, alive and well.

More than ordinary rigidity of the perineum associated with considerable diminution of the capacity of pelvis from tumefaction of its linings induced by too frequent examination; appeared to be the most apparent causes of detention, towards the exit of the child's head. The placenta which presented the following peculiarities was removed with ease. Shape, that of a perfect oval, nine inches in length and about an inch in

thickness. *Outer or uterine surface*, slightly convex presenting the usual irregular lobes with intervening sulci. The laminated albuminous tissue, (*decidua serotina*) which covers over these parts being removed, caused this surface to present no striking peculiarities, as to these sulci being alike throughout its entirety. Inner or fœtal surface slightly concave and possessing its proper glistening appearance being covered by the chorion and amnion, these membranes uniting midway between the insertion of either cord. The membranes at their junction were so perfectly united, as not to admit of separation without being lacerated. The cords presented no visible peculiarities, either as to their anatomical composition or placental insertion, excepting that they were equidistant from each other and from the circumference, longitudinally.

Remarks.—Although the above peculiarity is not mentioned by many of our most popular authors on midwifery, still it is reasonable to suppose that if in the primary stage of placental developement, in a case of twin conception, the ramified villi of the chorion in penetrating into the tubuli of the decidua, for the formation of two placentas, become at this stage closely interwoven with each other, they may grow up as one.

As the vessels of one lobe have very rarely any communication with those of another, we would infer that in the two placentas, here coalesced into one, they do not either communicate, but rather that each possesses its own circulation and absorbs from the system of the mother those materials necessary for its own fœtal developement. In plural births, Churchill remarks: p. 405, "I believe that in all cases it is better to leave it (*i. e. the placenta*) until after the birth of second child as its removal might excite uncontrollable flooding," and we might add, with such an existing abnormality, perhaps prove destructive to the second child.

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ART. XXVI.—*Hour-glass Contraction of the Uterus with the Fœtus.* By N. McGarvin, M. D., Acton, C. W.

I was called to see Mrs. Perryman on the 9th November, 1858. She told me she had not gone to her full time within six weeks. I found she was in labor, the pains being quite regular. I made an examination, The os uteri quite dilated, but could detect no fœtus. I waited for some time. Labour proceeded regularly, and in about an hour and a half the membranes gave away, and about a gallon of liquor amnii escaped. I then made an examination, but could detect no fœtus. I then introduced my hand into the uterus and found the cord. I then traced the cord and found it entering a small aperture. I insinuated my forefinger

through the aperture. I there detected the fœtus. I dilated the stricture with my fingers, by which means I was able to lay hold of the feet. and thus delivered the child.

The peculiarity of this case is, that if the cord had not prolapsed but remained with the child no one could have told the existence of a child, except through the parietes of the abdomen, for the cavity below the stricture was quite large enough to contain a full-grown fœtus. It was with great difficulty that I could overcome the stricture.

No unfavorable symptoms followed.

## REVIEWS.

ARTICLE XXVII.—*The Transactions of the American Medical Association. Instituted* 1847. *Vol.* 11. Philadelphia: Printed for the Association. Collins, Printer, 705 Lodge Alley. 1858. Pp. 1027.

The table of contents of this very imposing volume exhibits a great variety of rich and interesting matter, contributed by many eminent members of the American Medical Association. The contents are as follow:—Minutes of the Eleventh Annual Meeting of the American Medical Association; Report of the Committee of Publication; Report of the Treasurer; Address of Paul F. Eve, President of the Association; Report on the Medical Topography and the Epidemic Diseases of Kentucky, by W. L. Sutton, M.D.; Report on the Topography and Epidemic Diseases of New Jersey, and the Treatment thereof, by Lyndon A. Smith, M.D.; Report of the Committee on the Epidemics of Ohio, by George Mendenhall, M.D.; Report of the Committee on Medical Literature, by A. B. Palmer, M.D.; Report of the Special Committee on Medical Education, by James R Wood, M.D.; Report on Spontaneous Umbilical Hemorrhage of the Newly Born, by J. Foster Jenkins, M.D., Yonkers, N. Y.; Report on Influence of Marriages of Consanguinity upon Offspring, by S. M. Bemiss, M.D.; Report on the Functions of the Cerebellum, by E. Andrews, M.D.; Report on the treatment best adapted to each variety of Cataract, by Mark Stephenson, M.D.; Report on the Medical Jurisprudence of Insanity, by C. B. Coventry, M.D.; Report on the Law of Registration of Births, Deaths, and Marriages, by Edward Jarvis, M.D.; Report on the Nervous System in Febrile Diseases, and the Classification of Fevers by the Nervous System, by H. F. Campbell, M.A., M.D.; Report on Moral Insanity in its relations to Medical Jurisprudence, by D. Meredith Reese, M.D., LL.D.; Report on Stomatitis Materna, by D. L. McGugin, A.M., M.D.; Report on the true position

and value of Operative Surgery as a Therapeutic Agent, by J. B. Flint, M.D.; A Method for Preserving Membranous Pathological Specimens, by R. D. Arnold, M.D.; Letter of E. D. Fenner, M.D., to Paul F. Eve-President of the American Medical Association. Prize Essays:—The Clinical Study of the Heart-sounds in Health and Disease, by Austin Flint, M.D.; Vision and some of its Anomalies as revealed by the Opthalmoscope, by M. A. Pullen, M.D. Plan of Organization of the American Medical Association: Code of Ethics of the American Medical Association; Officers and Permanent Members.

The question as to whether the off-pring of marriages of consanguinity is equal, physically and mentally, to the offspring of parents not connected by ties of blood—both classes being supposed to be similarly circumstanced in respect to all other causes affecting the integrity of their issue—is one that has been ventilated of late years. It has never received such a thorough investigation as that which has been instituted by the Committee appointed by the A. M. A., the results of which are given by Dr. Bemiss in his Report. Eight hundred and seventy-three observations of marriages of consanguinity of various degrees of relationship are arranged upon his tables. The degree of relationship existing between the parties and the number of each are thus stated:—Marriage or incestuous intercourse between brother and sister or parent and child, 10; marriage or incestuous intercourse between uncle and niece or aunt and nephew, 12; marriage between blood relations who are themselves the descendants of blood relations, 61; marriage between double first cousins, 27; marriage between first cousins, 600; between second cousins, 120; between third cousins, 13; irregularly reported, all first cousins, 30. "In regard to constitutional predisposition and peculiarities of parents, the tables present some interesting facts. It will be perceived that parental infirmities are entailed with great certainty upon the offspring; and this, in the opinion of the reporter, constitutes the strongest argument against the intermarriage of relatives. The fact that family peculiarities, tendencies and infirmities, either of mind or body, which may be so slight on the part of the parents as to remain latent, become so exaggerated by this 'intensifying' of the same blood that they are in the child prominent and ruinous defects. In this manner I account for the fact that so many of the offspring of kindred parents, who seem in other respects to be well endowed, possess characters so singular and peculiar as to unfit them for the ordinary avocations of life." Dr. Bemiss made a great effort to obtain returns from the principal institutions for the deaf and dumb, the blind and the insane, in the United States, as to the probable proportion of the inmates who were descendants of blood intermarriages.

He found, however, that difficulties presented themselves in the fact that principals of such asylums could not in all cases prosecute such enquiries without giving offence to parents or the friends of the beneficiaries, and that parents are frequently extremely sensitive on this point. He is fully satisfied that his researches give him authority to assume that over ten per cent. of the deaf and dumb, and over five per cent. of the blind, and near fifteen per cent. of the idiotic, in the State institutions, are the offspring of kindred parents, or of parents themselves the descendants of blood intermarriages. The principal of a deaf and dumb institution communicates the following statement:—"Of one hundred and eighty-three cases of congenital deaf-dumbness, twenty-eight were known to be the offspring of blood relations. My enquiries have not extended to more than half of the hundred and eighty-three. My impression is that of those born deaf and dumb, at least one-fourth are the children of cousins. It is very difficult, as you are aware, to get reliable information on this subject. One man in this State denied that he had married a blood relation; I have since learned that he and his wife are first cousins, and have six children, three of whom are deaf and dumb." With regard to the frequency of idiocy, the following statement was made to Mr. B. by a highly respectable physician of Connecticut:—"Two years ago circulars were issued to every physician in Connecticut, to clergymen, to town-clerks, and to the first selectman in every town in the State, containing minute questions relative to the probable causes of the cases of idiocy reported. The question, whether consanguinity was a cause or not, was answered in 160 cases, and assigned as a cause in 20 of them. An adequate cause of idiocy was reported in 310 cases, but the question concerning consanguinity was answered in only 160 cases. Taking it for granted that every instance of relationship of parents, in the 310 cases, was reported, we find that consanguinity of parentage is a cause of $\frac{1}{15}$th of the idiocy in Connecticut. If we follow the idea that no attention whatever was paid to the question, except in the 160 cases, then we find it a cause of $\frac{1}{8}$th; taking the mean, it is the cause of $\frac{1}{16}$ths of all the idiocy in the State."

We are only on the threshold of this enquiry, and yet sufficient has been elicited to show the mischievous tendency of marrying in-and-in, and the lamentable defects, physical and mental, of the offspring of those parents nearly related by blood to each other. When more extended researches have been made, and the public are more enlightened as to the evil results, relatives will pause ere they form marriages to propagate beings on whom they are liable to entail defects which will render them helpless objects, demanding the pity and constant care of their fellows.

ART. XXVIII.—*A treatise on Human Physiology*, designed for the use of students and practitioners of medicine. By John C. Dalton M. D., Professor of Physiology and Microscopic Anatomy in the College of Physicians and Surgeons New York; Member of the New York Academy of Medicine; of the New York Pathological Society; of the American Society of Arts and Sciences, Boston, Mass., &c., &c. With 254 illustrations. *Philadelphia:* Blanchard & Lea. *Montreal:* B. Dawson & Son. *Quebec:* Middleton & Dawson.

Physiology appears to be a far more prolific branch of medicine than some of its associates. It is a very rare event to herald the publication of a new work upon toxicology, but not so with physiology; every year of late has registered a quotum of additional aspirants to public confidence in this department of literature. Why is this? Is the science itself in a transition state, unsettled and unformed? Are the labours exerted on its behalf productive of an increasing number of facts? Is it so attractive as to permit of frequently recurring representations, characterized by novelty and immaturity? Are its anterior exponents so confused or doubtful in their teachings that they should be set aside upon the arrival of the newest comer; or is each but the likeness of the other, minus a few versatile introductions of individual writers? These are questions which suggest themselves upon a survey of the multiplied leaves that strew the fertile fields of physiology; but we shall not pursue their inquiry further upon the present occasion; we shall leave them open to discussion, reserving to any of our readers the right of reply, who has ought to say upon the matter that may serve to its elucidation.

In contrasting the present treatise with others upon the same subject, the comparison results, in a conclusion far from unfavorable to its claims for preference. We have been much pleased with its appearance. The first object about it which will strike the mind of one who has an acquaintance with the ordinary books on Physiology, is the illustrations. They are fresh and original—both fresh in conception and original in completion. Hitherto from the most servile imitations in the representations of the text of different works the eye seldom failed to recognize, scenes to which it had been previously long familiar upon turning over the pages of the latest publication in the category. This monotony of sameness will not be experienced in Dr. Dalton's Physiology. He is not guilty of this offence against human ingenuity and constructiveness. He has pourtrayed a large number of figures which appear to us to have been altogether original in their design. The mode of execution is also something superior to the common style, as, for instance, in the display

of nerves, made to retain their proper whiteness in the midst of a surrounding blackness; the effect therefrom is far superior to that afforded by the old vulgar way of shewing nerves by black strokes upon a white ground. Another recommendation which suggests itself is the simplicity of the descriptions. This we take to be a great desideratum. We have long held the opinion that *simplicity is a mark of perfection*, and, when properly considered, the statement is self-conclusive; for whatever is complicated must be difficult, if not confused, and whatever is explainable, under different hypotheses, is not fully understood; but these are the opponents of that which we denominate simple, so that, inferentially, simplicity is an harmonious, uniform, as well as demonstrative property, and, on such a structure, improvement, which is only possible in what is imperfect, is impracticable, therefore its object has attained the rank of a perfection. The work consists of four principal sections. 1. An introduction in which the nature of vital phenomena is considered. 2. The subject of nutrition, which is broken up into 16 chapters and gradually proceeded with, so that, beginning with proximate principles and food, the latter is as it were followed up in its circuit through the body till it is finally disposed of by assimilation and excretion, thereby provoking, so to speak, the discussion of the different topics connected with digestion, abortion, the bile, the blood, respiration, animal heat, secretion. 3. An inquiry into the general character and functions of the nervous system, and 4, the extensive theme of reproduction, which comprises 18 separate chapters. This arrangement is one which is simple and, as botanists would say, based upon the principles of the natural classification. This manner of treating the numerous points in the various expositions seems to partake of the same praiseworthy peculiarity, and is such as should always be observed whenever the object of the writer is to enlighten the understanding of the students, and particularly the verdant mind of novices—the lads who behold with ambitious aspirations the superior attainments of their more advanced acquaintances, or, in collegiate language, the sophomores. The composition is unaffected, plain, easily intelligible, and well suited to its purpose. The work is not so large as some others, as, for example, Carpenter's, Todd & Bowman's; it must necessarily be not so extensive in its references as these, but setting forth no pretensions to give in its shorter measure what they have accomplished in their larger compass, no prejudice, therefore, is invited against its merits. Amplification of matter and verbiage have been guarded against, and the aim has been to communicate, in a condensed form, the facts usually taught at the present day upon physiology in schools of medicine. Dr. D. in his preface remarks:

"It has been the object of the author more particularly to present at the same time with the conclusions which physiologists have been led to adopt on any particular subject, the experimental basis upon which these conclusions are founded, and he has endeavored, so far as possible, to establish or corroborate them by original investigation, or by a repetition of the labours of others."

The work is very appropriately dedicated, with much feeling and filial gratitude, to his father, the venerable Dr. Jno. C. Dalton, who has devoted a long and useful life to the Science and art of that which, upon the classical admission, elevates man nearer to the gods than any other vocation—medicine.

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ART. XXIX.—*The Science and Art of Surgery; being a Treatise on Surgical Injuries, Diseases, and Operations.* By JOHN ERICHSEN, Professor of Surgery and Clinical Surgery in University College, and Surgeon to University College Hospital. An improved American Edition, from the second enlarged and carefully revised London Edition. Illustrated by four hundred and seventeen engravings on wood. 1859. Pp. 996. Philadelphia: Blanchard & Lea. Montreal: B. Dawson & Son. Quebec: Middleton & Dawson.

In Canada the reputation of Mr. Erichsen's "Science and Art of Surgery," as a sound and eminently practical work, is now fully established. We are pleased to receive this new and enlarged second edition from the enterprising American publishers, Messrs. Blanchard & Lea. The promptitude with which these gentlemen furnish the profession in America with reprints of standard English works; the highly creditable style in which they issue these works; and the moderate price at which they place them,—merit the warmest thanks of every reading practitioner on the continent. For our part we wish them success in all their business transactions, for their enterprise and liberality richly deserve it. Of course all our readers will require the new edition of Erichsen.

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## CLINICAL LECTURE.

(*From London Medical Circular.*)

*On Infiltrating Forms of Suppuration and Treatment of Abscesses.* By F. C. SKEY, Esq., F.R.C.S., F.R.S., &c., &c., Surgeon to St. Bartholomew's Hospital.

[Taken in conjunction with previous lectures by Mr Skey, reported specially for the MEDICAL CIRCULAR, and reflecting as it does the best practice of the London hospitals—for all our leading men are now coming over to the views of Dr Todd, Dr Hughes Bennett, and the able clinical professor of St Bartholomew's, we feel especial pleasure in publishing the following lecture, one of a series delivered this month.]

GENTLEMEN,—I do not know that we can begin the New Year better

than by offering you to day some plain remarks on a very plain subject, yet a subject of universal interest to us in clinical practice. I mean the subject of abscess, and the peculiarities of various suppurations, as we see them in the wards and out-patients' department of this hospital. You would prefer probably some other great and grand subject, that we should for instance dive into the arcana of silver sutures, diphtheria, or tracheotomy; or take up the treatment of surgical aneurism, pressure or no pressure in that disease; ovariotomy, or any thing you like, and

"That to the height of this great argument"

we should ascend and fret ourselves in useless dogmatism; but no, these things only appertain to men who see matters on a scale we are not accustomed to. I am, as you know, a man for "rudiments." Certainly, standing here as your clinical teacher, I prefer to dwell on that which is useful to you, nay, I would add, that on which, on the whole, you will feel greatest pleasure hereafter, I mean inflammation and its proper treatment, and the allied subject—suppuration and abscesses.

Well, what is an abscess? "A collection of matter surrounded by a cyst" you will answer (and it is as good a definition as any), and then if further pressed you say, "this cyst is composed of a membrane, pyogenic in its nature"—that's an abscess. The matter must be collected, for you may have infiltrated abscess in the mammary gland (and brain?) which will not obey our definition; about that I am not now so much interested, but from the cases recently in the hospital, we are more engaged with the division into "acute" abscesses and "chronic" abscesses. Suppuration, you very well know, may take place in any texture or surface of the body that is furnished with blood-vessels, and is susceptible of the process of inflammation, but I doubt very much the value of this old division "acute" and "chronic" abscesses. I see in the wards as I take it, an abscess that partakes of one character and the other: not, mind you, as a distinction founded in Nature, but brought about by the meddlesomeness of Art! I want you to note that fact, you will have abundant operations and opportunities to observe that—shall we call it in fashionable phrase, "change in the type of disease." Go into the physicians wards, and you see abscesses as the result of fever—chronic abscesses; go into the out-patients' department, you see a man who has run a thorn into his hand, he has had pain, heat, redness, swelling, in short, acute abscess. You see this, of course, every day—that is plain sailing, every milk abscess, every whitlow, abscesses after gun-shot wounds bad fractures, &c., are instances of acute abscess; they make themselves known by the pain involved in the suppurative process, whereas, on the

contrary, as I think all chronic abscesses are without pain. That is a good sign of a chronic abscess; you know what a prominent part "pain" plays in all diseases; now in the absence of pain you must yourselves often find out where the suppurative chronic action is at work. The remote cause of chronic abscess in fever is extreme debility, ending in the formation of pus. (Nothing "pyogenic" here?) We don't know why these abscesses after fever "point" at one side of the leg or "point" at another, we only know the fact as you may observe it now in cases in the hospital. Go into the physicians' wards as I say (and I do not now enter on the question whether the lancet and leeches and weakening remedies directly produce exudations that they are believed to prevent), but ask yourselves honestly what is it that produces after fever, or what is it that is the cause of many cacoplastic deposit so called?

The chief point to-day to which I wish to draw your attention is the following:—All internal abscesses, as a safe practical rule, indicate constitutionel debility; all, or nearly all, external or traumatic abscesses are acute. I want you to note this. Isn't psoas abscess an internal abscess pointing externally? Let us take care we do not add to this debility that changes the nature of an abscess. A woman in "Treasurer" ward had her breast enlarge: she came in after having been confined six weeks by it. The pus was probably infiltrated; the orthodox rule would have been more leeches, purgatives, and salines; but I am now certain that where these are used, or abused, according to old routine, we add to the tediousness of the cure! I beg of you to mind this in your future practice. We gave her bark and ammonia, wine and meat and the abscess pointed in a few days, and she got perfectly right again. I say, take care of this in this practice, for such an abscess is often a serious matter; it is now too late in the day to prevent this and other kinds of knowledge spreading.* Next, let us look at a common case in private practice. A lady, aged twenty-five, lately under my care, suffered intense debility from much hœmorrhage, and what may be called "hard labour;" she was very well tended during her confinement, suckled with both breasts, but all at once a screw is loose, her appetite fails, she has slight fever of an intermittent type, evening exacerbation—all signs of debility, mark you! Next, and only then, came a thickening and painfulness of

* Sir B. Brodie tells of a surgeon (no doubt a great opponent of caustics) who was about to remove a woman's breast by a heroic amputation. The story went that this surgeon had cured several cases of cancer by the knife; the present case was also pronouuced genuine schirrhus, but on Sir B. Brodie looking a little deeper into the matter, it proved to be the "relics" of an old abscess! Many such cases are met in the hospitals in the year.

the outer half of one breast, pus formed, and I opened the abscess. I doubt if this lady would have had a month's illness and abscess but for the first step in the debilitating descent—the hœmorrhage. Well, that is common mammary abscess; dozens of such cases are to be seen every week. Contrast that now with a poor woman recently in "Lucas" ward, who, after her labour, came in with enormous swelling of the entire thigh down even to the ankle, what would be called "thickening and enlargement of the tissues" of that part. Her husband was a poor cobbler mending boots on six or seven shillings a week, and she brought him forth, poor fellow, seven children in nine years; she was reduced to the utmost limits of poverty, short of starvation, eating no meat, and drinking some poor mysterious beverage called tea. These few points in her history told me to prepare for an immense abscess; her pulse was miserably small and quick. The lady, you see, had acute abscess; this poor woman has an immense chronic abscess. Are you justified in Poor-law practice to offer leeches, purgatives, and salines, and all the rest of it in such cases, or should the conscientious man say "fiat justitia," order quinine and wine, though it may shock the nerves of the Board of Guardians? What did I do in this case? I endeavoured to make the abscess in the poor woman acute, in fact to limit the suppuration; when she got well. Are we justified, then, in laying it down as a maxim of our surgical Moïse, and Persians, that abscess always arises from local irritation and local inflammation, to be met by antiphlogistics and clearing out the alimentary canal? Inflammation, believing, will come in good stead to us as surgeons if we only make its acquaintance honestly—inflammation solemnly, ay and truthfully, set down for us with pain, heat, redness, and swelling; for I don't at all agree with the new-fangled transcendentalism of the microscope school of *savants* that inflammation is "altered nutrition" and all the rest of it. Do we observe redness, swelling, heat, or pain, in chronic abscess? No! it's a joke to stick to such a dogma; it's worse! it's untrue; and, in practice unsound a leading to antiphlogistics, as they are called. I make these observations in no unfriendly spirit; if you are to be educated surgeons and you should be scattered over 150 places of practice in the country, I would conjure you to take advantage, in a manly way, of the growing experience of hospital practice. I want your convictions from having seen cases of abscess and of inflammation in clinical research; do not be led by *dicta* of mine, or theories of microscopists, or the stereotyped formulæ of books, in upholding venesection by the lancet, antiphlogistics and clearing out the alimentary canal by means of some mixture. Very well! Now I don't wish to overcharge this as I have been accused of doing; I have taken

the trouble to make inquiries of general practitioners (some men registered ?) They will boast of eight, ten, or twelve leeches, then also chloride of mercury in legendary doses, and large senna mixture, blue pill, black draught, &c., first to clear out the alimentary canal thoroughly ; and all this time the poor patient may have an abscess all but pointing, as in that case of the shoemaker's wife ; but if this patient requires a pint bottle of bark or sarsaparilla, why order senna ? Do you think Nature requires you to be always setting her work to rights in the chemistry of the alimentary canal ? Leave the alimentary tube alone, I pray of you. Why has this lady, whose case I recited, an abscess at all ? I'll tell you. It arose overnursing her child, from excessive hæmorrhage, and her miserable pulse and want of appetite ; and your routine man comes in and orders Mindererus's spirit and antimonial wine, just to act on the skin ; colocynth, and the Lord knows what, with calomel, merely to clear out the alimentary canal and improve the appetite ! Now, I hold that the *vis vitæ* of this lady was below par all along ; not that the abscess, when we tried to limit its extent and prevent its chronicity (in which we succeeded by mild measures), was the cause of want of appetite, &c. What I say to you is this—we are now in a new year, and just observe for yourselves, even if you work amongst the out-door midwifery cases or others, for one single twelve months whether you will not have more abscesses in tedious cases with hœmorrhage and debility, than amongst the better or inflammatory class of patients if you wish to call them so ? You will meet much opposition when you come to entertain my views of things. Give your advice I pray you, according to your convictions ; doctors differ ; of course they do, that above, as a science one set of men before another set, and that surgery is a progressive art. I do not wish to overcharge this picture of the drugging system ; the thing often reacts on itself, and in spite of all the old routine the patient is not cured ; and then she goes to a quack perhaps, or a well read man, and he tells her she ought to have had bark and ammonia, wine &c., and you lose your patient.

I will go off the subject for a few minutes to tell you of a case of this kind.

A lady, about thirty-five, called to consult me about a somewhat peculiar affection—excessive flow of milk ; she was literally deluged with milk, her child seemed starved, and she herself looked wretched.

"You do not take enough of meat and wine, Ma'am," I said.

She was told that "that would feed the disease, and such a thing as touching beer or wine was perdition," and to mend matters she was a water drinker or vegetarian or some nonsense of that kind !

"Well," I continued, "the remedy is very simple for the disease,—beer and wine and no vegetarian diet."

"My physician differs from your opinion, *in toto*," she replied, and so I afterwards found he did, and what was more he held fast to his opinion and carried the day; so I lost my patient. Some one (Pindar?) says water is the best of things. I agree with that, but it is the water in its right place. The poor lady went back to her vegetarianism, but she got worse and worse, and her child was advancing in marasmas, though she had a perfect ocean of milk! Well, after some days she came back to me and said she would try my plan, and she did try it—the effect was like magic; in less than a month a total revolution was worked in her system, and the poor infant like another phœnix rose from its ashes.

Some years ago another physician asked me to see a mammary abscess in a young lady of twenty-five, situated in the right breast.

"Leeches?" he said.

"Purgatives?"

"No! for I believe suppurative action is never stopped once that it has set in; bark and ammonia, good diet, and wine, that's what I recommend."

"That's new to me, quite new," said he in rather an apocryphal mood.

"It's not quite new to me," I replied; but he was a sensible man, and he adopted a plan now almost invariably adopted more or less, that is to give force to the circulation in such cases of debility. Don't be afraid of it, I say, take the slow suppurative mischief by storm and you'll cure it; the capillaries want power, and there is nothing equal to bark, ammonia, and wine. In conclusion, I say purulent matter will form in less than forty-eight hours; I can give you fifty cases to prove this. Do not encourage it, then, by depleting measures. Look at the men with big ridges of suppurating tissues, half-formed buboes, in the out-patients' department; will all that smearing with mercurial ointment, all the leeches and purgatives stop that ridge of hardened tissue coming to an abscess? No, you must improve the health of many of these men in the manner I have set forth to day; improve the health and you hasten the crisis; if you take blood from such a man you will leave him further off than ever from the abscess coming to a "point." Fortunately the hospital is rich and I have for a series of years given the plan of treatment I now recommend a fair trial. I can see at every turn cases treated on the old plan, but I am every day more and more convinced of its fallaciousness. I would not if sick myself wish to be bled and leeched without sufficient cause; the mere fancies of old times will not do, nor can I conscientiously recommend them to you.

# THERAPEUTICAL RECORD.

*Treatment of Erysipelas of the Limbs by Elevation.*—We have noticed a very useful plan of treatment for erysipelas of the extremities adopted by Mr. Mitchell Henry at the Middlesex Hospital, which is worthy of a fair trial elsewhere. It consists in elevating the affected leg or arm in a vertical direction, above the horizontal plane of the body. This causes a subsidence of the swelling associated with the disease, and completely removes the pain; the circulation in the veins is accelerated towards the heart, and the hitherto inflamed and red skin assumes a pallid aspect. All these good results we witnessed, on the 3rd of December, in a very severe case of erysipelas attacking the left leg of an elderly man, who suffered most severely from acute pain consequent on the swelling of the limb from the inflammation. In twelve hours both the pain and the swelling had entirely disappeared under this very simple mode of treatment. The same good effects had also ensued in a case of erysipelas of the elbow in a boy who was pointed out to us. The limbs, especially the inferior, may be supported on pillows, but it is more suitable to elevate them by the hand or the foot by means of a cord attached to the frame-work of the patient's bed.

*Applications in Chronic Eczmatous and Impetiginous Eruptions.*—Purified tar united to lard in the proportion of 1 to 3 parts in 30 of the excipient, has long been employed at the St. Louis, as the best resolvent in squamous eruptions, and as a valuable desiccative in chronic eczematous and impetiginous eruptions. Glycerine is, however, now preferred as the recipient, and the following is the formula of a valuable ointment easily applied and removable by water: glycerine, 30; purified tar, 2 parts; adding, while hot, 15 parts of starch, and mixing into a homogeneous paste. This application will assuage itching which resists all other means, and it acts as an effectual astringent and resolvent, without inducing irritation. The oil of cade is another favorite application of M. Gibert, mixing 1 part with 2 of almond oil or cod-liver oil. It is a valuable resolvent and desiccative, under the influence of which are cured eczemas that have continued red and exhaling for months, in spite of treatment. It is especially useful in obstinate prurigo of the anus and genitals; and in this case M. Gibert employs with it cold sitting baths and the internal use of arsenic.—*Bulletin de Therap.*, tome 55, p. 118.

*Condy's Fluid in Ulcerated Surfaces.*—This fluid, which consists of half a drachm of the permanganate of potass to a pint of water, is being extensively tried at the Middlesex Hospital, by Mr. Henry and others, in cases of burns, large ulcers, and suppurating surfaces arising from any cause, especially where the secretions are not only copious, but at the same time offensive. A case of very severe burn about the body and thighs of a female, admitted on the 2nd of October, is doing well with Condy's fluid. She had carron oil applied the first day, and Condy's fluid was commenced on the fourth day, with immediate relief to the pain. This fluid prevents any fœtor arising from suppuration. It was employed in two or three instances of cancer of the breast, from which there had been a very foul discharge; also in obstinate ulcers of the leg, and apparently with benefit.

# PERISCOPE.

*On the Comparative Influence of the Male and Female Parent upon the Progeny.* By J. B. Thomson, L. R. C. S., Edin., Resident Surgeon, General Prison, Perth.

The following cases appear to me illustrative of a very curious and not unimportant chapter of anthropology, viz: "The comparative influence of the male and female of the human family upon their progeny"—a subject upon which very crude and indefinite notions are held, not only by the public, but by the members of our profession. It is a settled point with many, that it is foolish to search after any laws regulating the transmission of particular textures, features and constitutions from either parent to the offspring. These philosophers are satisfied with the unsatisfactory views of the poetical Lucretius:

> "Fit quoque, ut interdum similes existere avorum
> Possint, et referant proavoram sæpe figuras,
> Inde Venus varias produit sorte figuras
> Marjorumque refert voltus xocesque, comas-que."

While it is admitted that we can found little upon mere supposed general, physical or psychical ressemblances, I think the method of enquiry followed in this paper, is a correct one, and that a number of individual instances of the transmission of abnormal peculiarities from parent to progeny being accumulated and balanced, will lead to a safe and scientific induction.

Mercatus, in his work, "De Morbis Hereditariis," says truly, that the parents, grand parents and great grand parents transmit quality, character, form and structure, proportion and disproportion, or any preternatural condition of a single member or organ, part or parts. Of this statement there can be doubt. We may go further, and affirm that, where we find such irregularities and defects plainly appearing in one parent, and reappearing in any of the offspring, such irregularities or defects are due to the influence of that parent. The order of causation is not to be questioned. And, further, when striking abnormal conditions, physical or mental, are transmitted in families, the statistics of such should form data upon which to found a proof whether and in what proportion the influence of the male or of the female predominates. Beginning with physical peculiarities of the external structure, transmitted from parents to their progeny, let us examine "the transmission of skin peculiarities."

Case I.—*Hereditary transmission of webbed fingers.*—A. M., Alva, has had a family of 9 children, 5 sons and 4 daughters. He himself and his 4 daughters are webbed betwixt the middle and ring fingers, or close-

fingered, as their mother calls it, i. e. the skin stretches across and unites these fingers together. None of the sons have this peculiarity. A. M.'s grand father had the same; also his mother and two sons and one daughtér; his uncle, two daughters and one son, this son having all the fingers of both hands webbed together. A. M.'s daughter has one daughter webbed betwixt the middle and ring finger of both hands.

Case II.—*Hereditary transmission of webbed fingers and toes.*—(This case, from a recent number of the Lancet, is so similar to the former, that I make no apology for transferring it to this paper, for the sake of illustrating my argument.) W. S. has three fingers united throughout by skin, viz: the middle, the ring, and little fingers of both hands. His mother has the same, but W. S. is the only one of seven children so malformed. Her uncle (her father's brother) had the same, and her paternal grand father had the three smaller toes on each foot similarly united.

Case III.—*Hereditary transmission of extra fingers and toes partially webbed.*—J. B., Menstrie, has a daughter with six toes on each foot, the little toe and its neighbor being well webbed; also two little fingers on each hand partially adherent by skin. J. B.'s great grand father had the left hand also partially webbed. No other member of this family can be traced to have had any abnormal physical conformation.

Case IV.—*Supernumerary toes and fingers webbed.*—J. R., Tillicoultry, has the following peculiarities in his family, viz: 1 girl webbed betwixt the little toe and its neighbor; 1 son with 2 little fingers on each hand and 2 little toes on each foot. No hereditary trace of these peculiarities can admit the account of the mother as the true cause. She says, that when she carried this boy in utero, she met with an accident which split her little finger in two, so that it always afterwards looked like two fingers.

From the small number of cases now set forth, it would be unsafe to draw any strong proofs, lest we should be placed in the category of the philosopher in Rasselas, who was always coming to conclusions without any thing beingconcluded. But, although we admit that such a small number of cases is not proof positive, we must allow that they point to the following deductions. viz:

1. That the male parent has a principal share in the transmission of hereditary skin peculiarities to the offspring.

In case I, we have a grandfather, a father and an uncle sending down an abnormal condition directly through the belonged to all those descendants who inherit this skin peculiarity. On the other hand, we have

a grand mother and a grand daughter transmitting the same directly to their children.

In case II, the paternal grand father, and in case III, the great grand father, was the original progenitor, to whom the physical malformations were traced back. Leaving out No. IV, where the origin is very doubtful, we have the following proportional cases, in which the immediate influence of the female parents:

| | | | |
|---|---|---|---|
| Case I. — Transmitted | immediately by | Male, 10 — | Female, 4 |
| II. | " | 3 | 1 |
| III. | " | 2 | 0 |
| | | 15 | 5 |

But these cases point to another interesting deduction:

2. That the skin peculiarity in all these cases, where it could be traced back, had its origin in a male progenitor. In No. 1, it came in with a grand father; and in No. 3, with a great grand father. A curious questions here arises: Did the influence of the originator of this malformation extend itself through several generations who bore his peculiar characteristics? Is it true, as Dr. Harvie has recently asserted, that the male is the real producer of the species? Is it true that the influence of the male (in certain instances) extends beyond the first impregnation?

The consideration of these cases, which show the influence of the male to be greater than that of the female parent in the transmission of skin peculiarities, led me to look at the history of certain skin diseases which are hereditary, and the following instances occurred to my recollection:

*Case of the porcupine family.*—The original porcupine man, Edward Lambert, had 6 children and 2 grand sons, with the same singular skin as himself, ressembling, it is said, an innumerable company of warts, of a dark-brown color, and a cylindrical figure, rising to an inch in height. In this case, the disease originating in a male, continued to all the family of 6, and descended to the grand children.

Leprosy, too, seems to be chiefly derivable from the male parent. In Dr. Simpson's curious enquiries into the history of leprosy, we find quoted from the old Burgh Records of Glasgow (1589), "Robert Bogell, some to Patrick Bogle," both lepers in that city.

The modern experience of this malady in Norway, where it has so unaccountably increased of late years, has led to serious enquiry how it is to be prevented. Leprosy, or the spedalkshad is held by Drs. Boeck and Danielson to be purely hereditary; and so strong is the opinion of the male being the chief propagater, that the proposal has not only been laid before the Storthing or Norwegian Parliament to prohibit the mar-

riage of a leper, but it has been a topic of public and professional discussion how far it would be just to deprive the male infants of leprous parents of the power of propagation. Ligature of the vasa deferentia, we learn, has been seriously contemplated as a national measure.

The analogy of the lower animals confirms these views of the paramount influence of the male in transmitting generally the character of the skin to the progeny. The spawn of the salmon being impregnated with the male trout, the skin and the spots upon it showed the characters of the trout, and vice versa, the salmon being the male. With birds, generally, the outer textures follow the male parent. With quadrupeds, the same rule holds. An intelligent and experienced sheep farmer informs me that it is the practice to cross the blackfaced sheep on the Ochils with the Leicester ram. The Ochil ewes are blackfaced and have horns. The Leicester ram is not blackfaced, and has no horns. The breed follow the Leicester ram, whitefaced, and in the proportion of about 85 per cent, have no horns. A few years ago, on the estate of Alva there was a black ram with 5 horns, 2 on either side, and 1 on the center. The breed by the common white ewe took the abnormal character of this ram, with a few exceptions. We know also that the products of the male ass by the mare, and of the stallion by the she-ass, can be distinguished by the skin having the distinctive characteristics of the sire.

Numerous examples of this law must be well known to cattle-dealers; and this subject is admirably treated by Mr. Orton of Sutherland, in his ingenious papers "On the Physiology of Breeding."

We may safely, I think, conclude from the facts before us:

1. That in the lower animals, and in man also, the influence of the male is greater than that of the female parent in the transmission of the skin texture to the progeny.

2. That the exceptional cases (probably more in man than in the lower animals) lead us to look for some primary or secondary law presiding over the physiology of generation.

I intend to continue this enquiry as to the influence of the male on the other textures and organs of the body, in a series of cases and notes.

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*On Prolonged Constipation.* Reported from the Clinic of Prof. Teissier. By Dr. Coutagne.

Throwing the constipation resulting from organic lesions of the intestines out of consideration, Dr. Teissier establishes the following varieties of constipation, which are founded on the causes they are produced by. Constipation can thus depend:

1. Upon alteration of the mucous secretion, such as diminution of the intestinal exhalation, or modification in the composition of the mucus, etc.

2. Upon functional disorders of the liver, which does not pour out a sufficient quantity of bile into the intestines.

3. On inertia of the intestinal contractility.

4. On a spasmodic state of the muscular coat of the intestines.

The most frequent cause of constipation is the indolence and inertia of the muscular fibres of the intestine. This variety is frequently combined with those which result from derangement in the digestive secretions, and is observed ordinarily in old people, in persons of sedentary habit, and those who repose too much in bed. After a reveiw of the well known symptoms of constipation, Dr. Teissier considers the treatment of the disease, which he bases upon the etiological distinctions established above. For constipation, in consequence of alteration of the mucous secretion, he recommends emollient injections with honey or oil, and light laxatives. For constipation from derangement of the biliary secretions, drastics, rhubarb, aloes, calomel, extract of oxgall, etc. In habitual constipation dependent upon indolence of the intestine, Dr. Teissier objects to the use of purgatives, and even to warm emollient enemata or laxatives, as they only augment the evil: purgatives excite the intestinal secretion only momentarily to diminish, and even suspend it afterwards, while warm and emollient injections, although bringing temporary relief, tend to weaken the intestinal tunics, and put them in a state of atony. For patients of this kind M. Teissier recommends:

1. To regulate the habit of the intestinal functions by going to stool each day at a fixed hour, and making prolonged efforts to provoke contractions of the large intestines, as recommended by M. Trousseau.

2. Injections of cold water.

3. Nux vomica in very small does each morning.

4. The tea of saint germain, which Prof. Teissier considers one of the most efficacious remedies, having used it for ten years with great success.

5. Coffee with milk.

6. Bran-bread.

7. White mustard.

8. Ervalenta.

For the treatment of constipation dependant upon nervous erithism of the intestines, a form frequently met with in hysteric, neuropathic females, the best remedy is belladonna in fractional doses: one centigramme of the extract every day.—*Gazette Medic. de Lyon—Gazette Hebdom.*

*Persulphate of Iron as a Hæmostatic.*

We abstract from the American Journal Medical Sciences, a portion of an article condensed from the Pacific Medical and Surgical Journal. Dr. H. H. Toland records three cases in which vessels of considerable magnitude were wounded, in which he employed with entire success the persalt of iron, recommended as a hæmostatic by M. Monsel, surgeon to the Military hospital at Bordeaux.

"Its action on blood and albumen is powerful, and on blood somewhat peculiar. It produces with the latter a voluminous clot, absolutely insoluble, which continues to enlarge, for several hours after its application, and becomes quite hard and firm. The following is the formula by which this salt is expressed : 5 $SO_3$, 2 $FeO_3$."

"This salt (Dr. Toland states), if applied to a superficial wound af soon as made, not a drop of blood escapes, and no pain results from the application. It acts by producing instantaneous coagulation of the blood, and will be found invaluable in hemorrhage from the mouth, nose and throat, when it is impossible to ligate the vessels, and may be equally efficacious in alarming uterine hemorrhages, either active or passive. In solution, it could be readily applied : it is deliquescent, and dissolves speedily in water."

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*Monsel's Persulphate of Iron—New Hæmostatic and Astringent Tonic.* By Joseph C. Hutchison, M. D., Surg. to the Brooklyn City Hospital.

Having recently used the above agent (which was introduced to the notice of the profession, by M. Monsel of Bordeaux), in the following cases, with the most gratifying results, I present them as some evidence of its superiority as a hæmostatic :

Case i.—While assisting Dr. Isaacs to perform Cooper's operation of excising a portion of the scrotum for varicocele, on a patient in the Brooklyn city hospital, I applied, with his permission, the persulphate to arrest the copious capillary hemorrhage which always occurs during operations on this tissue. Instantaneous coagulation occured with satisfactory results.

Case ii.—In a case of profuse epistaxis caused by a blow on the nose, which probably produced rupture of some of the larger capillaries, a narrow strip of lint saturated with the solution was introduced into the nostril, which at once produced a hard coagulum, and arrested the hemorrhage instantly.

Case iii.—In this instance the effects of the persulphate were most marked. A few days since, while Dr. Minor was operating for necrosis

of the femur on a patient in the Brooklyn city hospital, an artery of considerable size was cut, and we were about applying a ligature, when the doctor suggested a trial of Monsel's solution, which at once arrested the hemorrhage, very much to the surprise of all present.

The article which I used was prepared by Dr. E. R. Squibb, lately of the United States navy, who, the profession will be glad to know, has recently established a laboratory here for supplying the U. S. army and the medical profession generally, with pharmaceutical chemicals of such a standard of purity as has not hitherto been accessible to them.

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10. *New mode of Dressing Fractured Clavicle.* By Dr. J. W. Freer.

In the Chicago Medical Journal, Dr. J. W. Freer gives his own method for the treatment of this fracture, which seems to be simple, easy of application, and to answer all the indications. He applies a strip of adhesive plaster, two and a half to three inches wide, and long enough to extend from the under surface of the forearm, near the elbow of the injured side, to the shoulder opposite, the strap being applied about its middle to the form, and passing each end, one in front and the other behind, crossing on the shoulder, and lapping over. This must be drawn tight enough to bring the elbow firmly to the side and elevate the shoulders· a pad having been placed in the axilla to carry the shoulder outwards, Next, a similar strip is passed around the injured arm at the axilla, carried across the back under the arm opposite, and lapping upon the breast tight enough to bring the shoulder sufficiently far back. Finally the hand is supported by a silk handkerchief, attached to a loop of plaster over the sound shoulder. If it be necessary to make compression over the seat of fracture, this may be done by means of a strap placed under elbow and over the shoulder of the injured side.

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11. *Metallic Ligatures around Arteries.* By Prof. Simpson.

In pursuance of the observations made to the Edinburgh Medico-Chirurgical society last year, Dr. Simpson had had a series of experiments tried on the effects of metallic ligatures around arteries. Dr. J. Murray had kindly and most ably made most of these experiments. He showed one of them, viz: the carotids of a cat, recently killed. Both of the carotids had been tied and obliterated, seven months ago, with palladium wire. There was so little swelling, or change or effusion around the sites of these ligatures, that it was difficult at first to trace their presence. If, Dr. S. argued, these ligatures had been organic, or made of silk or hemp, and not metallic, the amount of irritation produced by them would, long ere the seven months had elapsed, have set up eliminative and suppurative inflammation.

*Ed. Med. Jour.*

*Pepsin.*—M. Mialhe has inserted in the Bulletin Général de Thérapeutique, a new formula for the preparation of this medicament, which he considers is exempt from the inconveniences attached to those heretofore in general use. This elixir, he says, has a very agreeable taste; and women and children take it without any repugnance, and even with pleasure. It is administered immediately after each repast in a spoonful, containing one gramme (15 grains). This is the formula. Pepsin (prepared after the method of MM. Corvisart and Boudault, with amylaceous matters), 6 grammes; distilled water, 24 grammes; white wine (de Lunel), 54 grammes; white sugar, 30 grammes; spirits of wine, at 33°, 12 grammes. These materials are mixed together until the sugar is quite dissolved, and are then filtered.

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*On the Lesions and Pathological Phenomena caused by the Presence of Lumbrici in the Bilary Ducts.* By Dr. E. A. Bonfils. (Archives Générales, June, 1858.)

After combating Cruveilhier's opinion, that intestinal worms can be introduced into the biliary ducts only after death or during the death struggle, Dr. Bonfils analyses the 23 cases which he has collected, in which lumbrici were discovered in the ductis communis choledochus, in the gall-bladder, or in the hepatic duct; in 2 cases the lumbrici were perfectly fresh and still living; in 1 the worm was dead and slightly altered, was of a pure white, and softened; in 1, reported by M. Forget, a lumbricus occupying the ductus communis and the ductus hepaticus was perfectly fresh, while another occupying an abscess in the right lobe of the liver was softened and macerated, evidently having been long dead; in one case a lumbricus formed the nucleus of a biliary calculus. The symptoms varied much in the different cases, but the author considers that the presence of the following circumstances justifies the conclusion that we have to deal with the presence of a lumbricus in the biliary ducts: the sudden appearance of morbid phenomena, without appreciable moral or physical causes, of considerable intensity, characterized by very violent pain, combined with deep color of the skin, vomiting, &c., similar to the symptoms accompanying calculus in the biliary passages; a rapid disappearance of all phenomena on the discharge of the worm; the concurrence of these symptoms, unassociated with general colicky pains (*coliques extéricures*), are regarded by the author as indicative of a lumbricus being the foreign body which has entered the biliary ducts, and having thus arrested the passage of the bile.—*Ib.*

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*How many Children can a Woman bear?*—Dr. Szukits says that this question has not yet been satisfactorily answered. He himself has

observed two females, each of whom had borne twenty-four children, Osiander (*Handb. d. Entbindungs Kunst*, 1 Theil, 1 Abth. S, 319) mentions one woman who during her married life bore forty-four children and another who had fifty-three. Burdach (*die Physiol. als Erfahrungs wissenschaft*, 1 Bd. 1826, S. 410) relates that the wife of a countryman in Moscow district had given birth to sixty-nine children at twenty-seven confinements—four times four at one birth, seven times three, and sixteen times twins. In the year 1809, the Vienna newspapers contained the following announcement: Maria Anna Helm, the wife of a poor linen weaver in Neulerchenfeld, twenty years married, bore at eleven confinements thirty-two children, twenty eight living and four dead; twenty-six were males and six females; all were begotten by one man and nursed by herself. She had at her last confinement three children—one living and two dead. Her husband was a twin, she herself one of four. Her mother had produced thirty-eight children, and died during a confinement with twins (Osiander, 516). Six children seem to be the largest number ever produced at one birth. A perfectly trustworthy instance of this is the following: The *Schwäb. Mercur*, No. 8, S. 22, 1806, contains the following notice: Ohlau in Silesia, 11 Dec., 1805.—The wife of a chimney sweep here, named "Dofer," was yesterday confined of six children; all were boys, and dead. This woman, who has been twice married, has already given birth to forty-four children. During her first marriage, which lasted twenty-two years, she bore twenty-seven boys and three girls. In her second marriage, which has lasted but three years, she has born fourteen children—three at the first, five at the second, and now six at the third confinement (Osiander, 320).—*Ed. Med. Journ.*, June 1858, from *Zeitschrift, d. K. K. Gesellschaft d. Aerzte zu wien*, July and August, 1857.

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*Diphtheria and its Connexion with a Parasitic Vegetable Fungus.—Letter from Dr. Wilks.*—Sir: Opinions still vary as to the true nature of diphtheria, and therefore as to its connexion with a parasitic fungus (oïdium albicans). As on several occasions the white film on the throat has been found to consist of this fungus, it has been conjectured whether the malady is not really one having a parasitic origin, and the belief has been rendered more probable from the fact that several new diseases have of late prevailed throughout the organic kingdom, both animal and vegetable, which are clearly traceable to parasites; for example, the oïdium of the vine. Unfortunately, those practitioners residing in districts where diphtheria has been endemic have been silent on this point, and it has only been by occasional observers that the fact has been made out. In the few cases of the disease which I myself have seen, a fungus has

always been present, and thus my belief was, until lately, growing strong that in this observation would be found the true character of the malady or, at least, that the parasitic growth was intimately connected with it, the question still remaining open whether the formation or growth of the fungus is the primary process, or whether a diseased condition of the surface must not previously exist to prepare a suitable nidus for its development; a question still debated in connexion with other parasites as the porrigo lupinosa (faveuse), a disease in which some cutaneous inflammation is generally found, and thus creating a doubt as to whether this is excited by the fungus, or whether an herpetic or pustular eruption does not previously exist to form a suitable soil for the sporules which are afterwards sown in it. Let the formation in the throat be primary or secondary, it still remains important to know whether its presence is an essential part of the disease; indeed, the spreading character of the pellicle its separation and destruction by corrosives, are all facts which seem to indicate that many features of the disease are due to its existence.

My attention being directed to this matter, I took the opportunity to examine the films which occasionally form on the mouths of those sick with various diseases; and on submitting them to the test of the microscope felt some surprise in witnessing in all fungous growth which I have not been able to distinguish from that of diphtheria. Thus, I lately had a woman die under my care in Guy's Hospital, with acute cerebral and spinal meningitis, pleuritis, etc., of a supposed phlebitic origin, and on examination of the pharynx after death, a pellical was found composed of the parasite. Again, a child 4 years old presented itself among my out-patients apparently dying with croup, but on examination was found to be suffering from an extension of diphtheritic disease into the trachea. The throat and tongue were covered with a white pellicle, a portion of which being placed under the microscope, displayed very readily the oïdium; the only difficulty about the case being the statement of the mother, that the child had suffered with a throat affection for several weeks. Mr. Hardy ( a student) at my request kindly followed the child to Woolwich, and made a post-mortem examination. The throat, trachea, etc., were covered with a pellical as before said; and on removing this to find a cause for the chronic symptoms, a polypus of papillary character was seen growing from one of the vocal cords, with thickened tissue around.

Here was an explanation of the chronic symptoms; and upon this had arisen an acute inflammation, accompanied by the fungus. Another case was that of a man who died last week under my care in the Hospi-

tal with softening of the spinal cord. A few days before his death his mouth and tongue became covered with a white secretion, which very rapidly formed a complete layer over the whole buccal surface. An examination of this by the microscope showed a remarkably fine specimen of the fungus, the mycelium and sporules exhibiting themselves to perfection. On mentioning these circumstances to Dr. Barlow, he stated that he had under his care a child with a white film on its mouth (the case not being one of diphtherite), and he sent me some of the secretion for examination, when I found it to resemble the specimens already named; and the same occurred in one or two other cases which I have seen, but need not detail. These facts are sufficient to show that a vegetable fungus may spring up on the buccal mucous surface in various cases of disease, but requiring probably some previously morbid condition for a nidus. Is it not so in diphtherite? Is the disease, strictly speaking a maligant sore-throat and the formation of a pellicle an accident; or is the latter an essential part of the affection? In the case of the child just mentioned, if no post-mortem examination had been made to discover the chronic disease, the case would have been called diphtheria; and in the man with spinal paraplegia, the condition of the mouth would have been sufficient to have marked it a case of the same kind had there been no other affection present. Such cases may throw some light upon the opinion of those practitioners who, not residing in diphtheritic districts, and who see only isolated cases, regard the disease as a mere modification or peculiar form of some ordinary maladies, as cynanche and scarlatina, and this may in some instances be correct. In speaking of the parasitic growth found in the above mentioned instances we were aware of the objection which can be made—that the fungus of diphtheria is peculiar (supposing it always to be present), and that found in the mouth of other sick persons is in connexion with apthæ, and is another variety. In answer I can only say that I failed to discover in the above cases any difference, and, moreover, the character of the pellicle and its rapid extension over the whole mouth, throat, and tongue, was totally unlike ordinary aphthæ.

My object in bringing the subject before your readers is, that some may extend these observations, and note how far throat affections, with these peculiarities, are prevailing in other patients besides those with true diphtheria; and also that those gentlemen who are seeing much of this latter disease, will confirm or not the observations made by myself and others that the pellicle is *always* composed of a vegetable parasitic fungus. When more facts are ascertained on this point we shall be better able to judge of the characters of the disease.—Samuel Wilks, M. D.

17 St. Thomas St., Southwark.—*London Medical Times and Gazette.*

*Treatment of Diphtheria.*—1. A temperate, dry, well-ventilated room as can be obtained, no one being allowed to sleep in it except an attendant. Crowded bedrooms and animal effluvia are an exciting cause.

2. A calomel purgative, varying in strength, according to the age and size of the patient; and in children, where symptoms of laryngitis appear, a rapid exhibition of the chloride of mercury, such as a grain to two grains every hour till the breathing is easier, and then every three or four hours, till the false membranes are loosened, and the bowels evacuate green stools, or vomiting. Care is needed not to carry the mineral too far, but it can be borne in proportion to the strength of the patient and the sthenic form of the attack. Children who have been healthy, and are teething, have most inflammatory symptoms.

3. The decoction of cinchona with hydrochloric acid, varying the dose of the latter from one minim to ten every four hours, in from a teaspoonful to two tablespoonfuls of the former.

4. Gargle with chloride of sodium and vinegar, a tablespoonful of each in a teacupful of hot water; also inject this up the nostrils when they are becoming obstructed. This excels all other gargels; it relieves the breathing and the fœtor, and causes the ulcers to heal.

5. Apply the stick of nitrate of silver to every part where the false membrane or exudation can be seen. By means of Dr. R. Quain's tongue depressor, one can see far and wide; but when the patient will not submit to this, and when the disease spreads beyond the reach of the caustic case, a probang and a clean sponge well saturated with strong solution of nitrate of silver will answer.

6. Rub the external fauces with compound iodine ointment night and morning; and when the erysipelas may appear, apply the stick, and lay on a plaster of strong mercury ointment.

7. Keep the room and all else sweet and clean.

8. A nutritious diet is neccessary. A little mutton every day; boiled milk, rich gruels, and beef-tea, with hot port wine-and-water, (half wine, with sugar and lemon,) for all above ten years; and warm milk-and-water for minors. All things should be taken warm. Cold drinks are an exciting cause.

The disease is not infectious, except, perhaps, under extraordinary circumstances.

I could illustrate these remarks with a few cases of different intensity; but I fear to encroach upon your space.

I am, Sir, yours, most truly,

RICHARD CAMMACK, Jun.

*Bennington, Boston*, Sept. 1858.

*Nitro-Sulphurets of Iron—Re-agent for Cloroform*—The *Journal de Chimie Medicale* for September contains an interesting article by M. L. Roussin on these new double salts, and their application as re-agents for the determination and purity of chloroform. These bodies are perfectly crystaline, and are soluble in water, alcohol, ether, and wood spirit, but *absolutely insoluble* in *pure* Chloroform. With alcohol, ether, and wood spirits, these salts in solution are productive of intense coloring powers. All the nitro-sulphurets possess this property in a greater or less degree —five centigrammes of the ferric salt will give a deep wine color to two litres of alcohol.

Chloroform, when pure, or but slightly mixed with water alone, does not present any discoloration by the addition of the re-agent. Its sensibility is equal to *one* part in *one thousand* for alcohol, ether, or wood spirit, either of which it will readily detect in the above small proportions. The chloroform of commerce is variously adulterated with alcohol, some presenting the opaline hue after their agitation with water. Such an article will become dark on the addition of the re-agent. One or two, only, of the whole number ex-amined, presented evidences of sufficient purity to recommend them to use. The method of examination is thus: Into a small tubular bottle with a good ground stopper, introduce the chloroform to be examined, add a few centigrammes of the nitro-sulphuret; agitate briskly, and then leave it to repose for two or three minutes only. The chloroform, if pure, will remain limpid as pure water; if it contain alcohol ether or wood-spirit, it will take on a deep color, varying in intensity with the quantity of material of adulteration. The double nitro-sulphuret of iron (bi-nitro-sulphuret) is particularly recommended for this purpose, as it is most easily procured, and equally sensitive with any of the others.

The re-agent is obtained as follows:—Take two solutions, one of nitrate of potassa, the other hydro-sulphuret of amonia—add these two solutions slowly, and, when united, the combined solutions are added, drop by drop to a solution of proto-sulphate of iron, constantly agitating the mixture during the whole process. The mixture, to preserve well, should have a light alkaline re-action. The mixture is now heated to ebulition and euaporated to dryness on a salt water bath. This product is treated with a mixture of ether and alcohol combined, and filtered. By evaporation of this liquid carefully there remains in the vessels prismatic crystals of bi-nitro-sulphuret of iron, which must be washed with water holding ammonia in solution. The product, after drying between folds of absorbent paper, is preserved in well stoppered bottles. It is expressed by the following formula: $FeS, AzO^2 + Fe^2 S^3, AzO^2 + SH$.

# The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS, DIGNITATEM ARTIS MEDICÆ TUERI.

The Whitney Case.—The interest of the American public, particularly of its New York portion, has been deeply engaged of late on behalf of an occurrence, attended with the most important consequences to all whom it directly involved. The principal parties concerned were the medical attendants of a gentleman whose death was preceded by circumstances of an unusual character, and, from the celebrity they enjoy in their professional calling, the peculiarities were considerably heightened in popular estimation. The result was also of still more importance, from declaring, according to its decision, the propriety or not of a particular mode of treatment applied for the alleviation or cure of very prevalent diseases, engaging the most anxious solicitude as to their ultimate issue. The details went fully before the public in the daily newspapers, formed an absorbing subject of conversation, and engaged for three sessions the debates of the Academy of Medicine. An unusual degree of excitement prevailed in the city, and was carried out of it to distant places. Moreover, as was to be expected in a matter so general, multiplied aggravations were conceived, and woeful misrepresentations followed hard on one another.

The case, briefly put, was this:

Mr. S. Whitney was the patient of Dr. Green, at his last visit he believed he received a mortal injury from that gentleman. He then sent for two other practitioners, Drs. Beales and Mott, who took him under their exclusive charge, and they, in opinion, reiterated his belief. Mr. W. died. A post mortem examination was made, and the discoveries were said to be most conclusive against Dr. G.

The particulars, as we have been able to gather them, are as follows:

Mr. S. Whitney applies to Dr. Horace Green for his advice, on 25th October 1858. He has had a cough for some time, and is in a weak state of health. The Dr. diagnoses tubercular softening of the top of the left lung, and finds his throat "granulated and inflamed; the left tonsil slightly enlarged and ulcerated; the epiglottis thickened and its border whitened with a line of erosions." The tonsil was amputated; the pharynx and epiglottis were cauterized; and a mixture recommended, which contained iodid potass, nearly 4 grs., iodid mercury, $\frac{1}{17}$th of a grain, tinct. rhubarb, 14 minims, and syrup of sarsaparilla, 42 minims. This compound was taken for three weeks, during which period four additiona cauterizations of the same parts, and the interior of the larynx are particul

larised, and more were practised, for it is stated in the authentic report, "the topical applications were continued to the opening of the glottis and into the larynx." On the 20th Nov. a cavern in the softened part was diagnosed and a prescription was given for phosph. of manganese and other restoratives in very small doses. Mr. W. did not return again till Dec. 4th, when "the sponge probang was passed into the larynx." 6th Dec. A hollow tube was passed into the glottis "and a drachm of the nitrate of silver solution of the strength of 15 grains to the ounce, was injected into the left bronchus."

9th Dec. Relief of cough was thought to have followed.

This experiment was never repeated.

14th Dec. This morning paid his last visit to Dr. G., the probanging was repeated, "and in precisely the same way, except when the sponge reached the glottic opening the patient partially closed the throat." The instrument was at once removed. Before he left the office he frequently endeavoured to clear his throat, but hawked up no blood. In talking about it, the patient remarked that the operation hurt him more than usual, and he felt as if something had given way. A few hours afterwards Dr. Beales was sent for, who found Mr. W. in great terror; he believed he was so injured by Dr. G. that "he was killed," or would die thereby. No local lesion could be seen, but "the fauces and throat appeared in a state of great inflammation, intense radiative pain was complained of in the region of the larynx, and frequent grasping attempts were directed towards it. There were symptoms of nervous shock or corporeal depression. Diffusible stimulants were occasionally given "till reaction should be established," and an oleaginous emulsion for local relief. In the evening he was reported to be worse: a mixture was now administered, containing in each dose 5 minims of antimonial wine and $3\frac{1}{3}$ of solution of morphia, which was repeated every four hours. Warm aqueous inhalations were also combined. Next morning, 15th Dec., there was "extensive emphysema all round the neck and partially in the face, rather more noticeable on the left side," it went on increasing: in the afternoon it had extended down over the chest, and by night the neck and face were enormously swollen; it had increased so as to be "all over the chest." The general symptoms seemed like those of irritative fever. The breathing now grew laboured. The skin over the neck and chest acquired a purplish erysipelatous appearance. Last mixture continued, and alternated with a tea-spoonful of ammoniated tincture of valerian. Dr. Valentia Mott saw the case in consultation.

Dec. 16th. Emphysema enormous, "the mamma resembling those of a stout nursing woman," extends as low as Poupart's ligament on one side

and the umbicilus on the other, "cannot open his eyes till the air is carefully pressed out of the lids." Rather more feeble. Dec. 17, no observable change in the symptoms, but pulse is very irregular and feeble. Several attempts have been made from time to time to examine the fauces and adjacent parts, but the excessive swelling rendered them unavailing. Dec. 18, after some flickering amendments it was noted the swallowing was more difficult, "the attempts to do so bringing on coughing, partial strangulation and some regurgitation." Dec. 19. The most prominent local symptom noted is a plentiful "mucous secretion that keeps him almost constantly coughing and expectorating which he does with great difficulty and suffering," this first began two days ago, but has been increasing. Towards the evening all the symptoms were much worse. 20th. "Emphysema rapidly disappearing from the face and throat;" other symptoms steadily becoming more serious He gradually sank under progressive exhaustion and augmenting asphyxia, and died on Dec. 21.

At the autopsy, 30 hours afterwards, the larynx and trachea were found "natural and healthy." There was injection of the mucous surface of trachea and bronchial tubes. Two abscesses were discovered: one in the neck the size of a large hen's egg; "it was on the left side of the thyroid cartilage, and downward behind and below it a little in front of the pharynx;" at the upper and posterior part of this abscess there was an opening into the pharynx "large enough to admit the end of the forefinger." The other abscess or cavity, as some preferred to call it, was at the root of the left bronchus, "about the size of a small black walnut of a reddish brown color and irregular villous surface." It was surrounded by lung in a state of red hepatization, and was covered by a strumous like fibrin from a partial Pleuritis. "At the upper and anterior part of this cavity there was a small opening through both pleuræ." Not a single tubercle was found in either lung, and, except in the above particulars, the pulmonary parenchyma was remarkably sound.

As we have intimated, the subject received a lengthened consideration from the Fellows of the New York Academy of Medicine, and after a free expression of individual opinions in regard to it, this tribunal proceeded to express judgment upon the matter. This was not passed, however, without an alternate prosecution between the accusers and the defendant. They alleged that he, Dr. Green, had by his injection into the bronchial tubes, laid the foundation for the cavity, which, according to them, was the result of a previous slough, found in the left lung, and, by perforation, led to Emphysema; and they believed the abscess in the neck was induced by his probang having lacerated the pharyngeal mucous membrane, through which rent alimentary substances

subsequently passed into the adjoining cellular tissue, exciting inflammation. He, on the other side, denied the truth of these charges, and retorted that the patient died with a pharyngeal abscess, which Drs. Beales and Mott had not ascertained during life, and which should have been opened, but was not. Criminations and recriminations succeeded, boldly proclaiming that each attendant was egregiously wrong in his diagnosis and treatment. Reminding us of the saying addressed to two disputants who, not having truth to rest upon, had each shown the inconclusiveness of the other's specious argument, without being able to escape from the maze of error wherein they had entangled themselves. "Ye are twa stalwart chiels, nae doot o' that; ye are like twa fighting bulls of Bashan, that have got their horns sae fast locked, that it is hard to see how they are to get loose, except by pulling ilk ither's heads aff." To the academy, indeed, it was "hard to see" how the matter was to be disposed of; at length, however, a motion was passed unanimously, to the effect that,

"Whereas, various statements, made by the public press and otherwise, have reflected on the reputation of Dr. Green and of Drs. Mott and Beales, as having conduced, by their treatment, to the death of Mr. Whitney; therefore

*Resolved*—That we, the Academy of Medicine, after a full examination of the reports of the case, and the *post mortem* examination, do consider that his death was in nowise the consequence of improper treatment, but was the unavoidable result of a complication of diseases."

This must have been carried, evidently with a view to the feelings of the *oi polloi*, to disabuse their minds of any suspicion of blame they might before have entertained against the medical men in question. The tables were turned upon the accusers, the latter were brought into a condemnation of the same sort with himself by the defendant or his friends, while all were acquitted alike, viz: by a double defeat and no victory. But though a conclusion like this may do for the laity, it will not satisfy the profession, for they will perceive it is one in which, as far as the science and art are concerned, nothing is concluded. The case involved many most important points, the solution of which must be to practitioners extremely interesting, if not instructive; as, for example, the nature of Mr. Whitney's original disorder,—was it phthisis, as was diagnosed by Dr. Green? were there tubercular deposits in the lung and follicular disease of the epiglotto-pharyngeal membrane? the suitableness of the doses prescribed,—were they such as should be repeated in a case of urgency? the expediency of nitrate of silver injections in lung affections generally, in common inflammatory cases, and particularly in others of a specific char-

acter; the encouragement or discountenance which the present case affords to such a line of practice; the truth or falsity of the grave charge that taxed Dr. G. with rupturing the larynx,—was such an accident likely to have occurred in the management of an experienced surgeon, or even is it possible to the hands of one more rude? if any local injury did result, and was not of this extremity, in what did it consist? the pathological state of the upper part of the left lung, presence or not of an abscess, or cavity, and, admitting its existence, what was the antecedent disease of which it was the product? the occurrence of the emphysema; the abscess high up in the neck,—extra pharyngeal in position,—what might have been the reason of its production? and was it, during life, actually patulous or occluded? what is the real import of the rent that led to its interior cavity? the obscurity or palpableness of its existence during life, the advantages of having incised it, and the probable influence upon the future termination; and lastly, the constitutional condition of the patient, especially, considered in its probable influence upon the developments that happened and in their issue.

Persuaded of the satisfaction that must attend a solution of these important points, we were urged to proceed some steps further into the examination of the case, and, to be brief, we shall state the deductions they have led us to in the form of numerical statements, premising that they have been arrived at after a careful weighing of the entire evidence, voluminous though it was, and in a spirit, we deem, of perfect disinterestedness, having had no predilections to favor.

1st. The diagnosis of pulmonary tubercles could not be substantiated. Not a single tubercle was found at the autopsy after a thorough examination of both lungs. The only supposition in favor of the original diagnosis is to assume the existence of the cavity in the lung as evidence of tuberculosis. Still, at most it would be only an evidence of past tubercle, and it can only be admitted to be even that upon simply gratuitous concessions. Its appearance was such as to lead skilled witnesses who saw it, to pronounce decidedly against its tubercular nature.

2nd. The remedies first prescribed were nugatory. The dose in which the iodid of potassium was given might after repeated renewals become beneficial, but the exiguous portions of the other drugs were utterly valueless. This is the more pertinent because it was urged in defence, with apparent sincerity, that a cure had been effected in the original disorders before the fatal seizure. Upon more mature reflection, no one, we believe, will allow this could be possible in the case of pulmonary tubercles at the stage of softening, in the course of a few weeks, by the internal medicines prescribed.

3rd. The existence of erosions in the epiglottis may be allowed as a matter of courtesy. Otherwise it falls into the same category with the former.

4th. The injury from the nitrate of silver injection into the bronchi is only an assumption, and was not warranted by any declared disclosures. Had the injection been of the corrosive character implied, its effects would have been instantaneous and gravescent. On the contrary, however, the patient, for eight days afterwards, was certainly nothing the worse, which was abundance of time to allow of the local excitement produced, if there was any, to exhaust itself and subside. The destructive lesion in the lung, if gangrene from a topical cause, would have declared itself by very decided symptoms of intense pneumonia in the upper lobe which it has not been proved, nor attempted to shew, were present.

5th. Injections of this or any other caustic salt into the interior of the air-tubes is not prospectively of any service in phthisis, and no bona-fide facts can be adduced to demonstrate that it has ever been of any real benefit. It is no longer a question to decide whether or no such a feat is accomplishable, for there exists no doubt of the affirmative. Once we know it was considered an impossibility. We well remember when a very verdant young man, rich in conceit, but poor in physic, was asked what was the treatment for phthisis after the lungs were ulcerated? He without concern replied in a bold, off-hand way, "touch them up with the nitrate of silver." Great was the consternation of the grave lecturer; greater still was the amusement of his fellows, who had yet to learn the responsibilities of medical men. Every one then believed the rash answerer to be a fool, and no one credited the propriety of such a tremendous practice as "touching up" ulcerated lungs with caustic. But that was many years ago. And now the juvenile, were he still in the ranks of medicine—which happily he is not—might be esteemed a prodigy. But to return: such a method is not prospectively beneficial, neither theoretically nor practically. The correct pathology of phthisis does not lead us to conclude that local stimulants swept over the bronchio-pulmonary surface will be of any use. As we have been able to understand it, the lungs are the localities where the last scene of the mournful tragedy is played out, but not the residences where the hurtful actors dwell. They live elsewhere, and do not appear on the stage until fully strengthened for successfully finishing their parts. The primitive vice is in the large organs which manufacture chyle, and turn it into blood, and in the capillaries that have so much to do with nutrition, secretion and decomposition

These are the controlling powers, but they are free, a few drops of silvered water, poured over the ærian membrane cannot touch them. And analogy leads to the same end. Solitary applications of solutions of caustic will not cure a scrofulous sore laid in a coarse, rough bed of tubercular effusion. Nor will they cure a veritable instance of strumous ophthalmia. These are examples we can see, and if the remedy is unavailing in the one kind, it will be equally so in the other. Until then actual facts, "bona-fide" as we have already styled them, which do not now exist, are adduced, capable of disproving these statements we have advanced, we shall rest in the conclusion that injections of nitrate of silver into the bronchial tubes, though practicable, are not advisable in phthisis pulmonalis; for the art of medicine is not to shew what can be done, but to be content with doing that only which is best.

6. The rupture of the pharynx or larynx in the way indicated is unfounded. The mere introduction of a moist sponge probang into the fauces is incapable of tearing the surrounding mucous membrane. This is fully established by the experiments of Conant, of New York, who, after several trials conducted on the cadaver, in which various degrees of force were exercised, concludes, "I am fully satisfied that it is absolutely impossible to perforate either the trachea or the mucous membrane of the pharynx or larynx with the ordinary sponge-armed probang, or the tracheal tube."

7. While, however, it is allowed so grave an injury could not be inflicted, it by no means follows that one of less degree was not produced. Though positive solution be impracticable, a direct contusion is not an unlikely effect that might happen during the inadvertent introduction of a stiff probang in a patient who suddenly closed his mouth and tried to obstruct its onward passage, especially if the operator still persevered, physically, to overcome the reistance offered, which appears to have been the state of both parties, surgeon and patient, in the present case. Against this lesser degree, the experiments above referred to are no appeal in contradiction, for the conditions on which they depend are not present in the lifeless body.

8. The situation of the abscess in the neck, being exterior to the place of the alleged injury, lends a confirmation to the foregoing hypothesis, while in turn its own selection appears the more intelligible. It is thus an illustration of the readiness with which inflammation or irritation is transmitted from one situation to another by sympathy of contiguity, as is so often obvious in the establishment of cellular suppuration or exudation when developed in close proximity to an adjoining lesion of a mucous surface. Unaided, the local causes would probably be inadequate

to explain entirely the occurrence, but it is obvious they were aided and directed by other forces of a yet more powerful nature, as shewn below, Sect. 13, for the sloughing state of the cellular tissue, which hung like "wetted tow" within the cavity, shews the abscess was not one of a simple sort from common healthy pyogenesis.

9. The aperture discovered in this abscess we regard as a rent, and not present during life, because it would then have allowed the contained pus to have escaped, which would, consequently, not have been found in the interior as it was; and because before death there were marked signs of displacement of the larynx, from the distension of the abscess, and we believe increasing suffocation from mechanical obstruction, induced by the same cause. The rent must therefore have been a post mortem occurrence.

10. The non-discovery of this abscess was perfectly excusable. Dr. Beales and Mott are properly exonerated from all censure. As the latter remarked, who is the Nestor of American surgeons, the patient was so "blown up" the abscess could not be felt, while the symptoms were too vague to centre in its exclusive distinction. Even had it been ascertained, its incision *ab externo* would have been, under the circumstances, most perilous, while it was an impossibility *ab intero*, for, by the time it had grown sufficiently ripe, the patient could not open his mouth wide enough to allow of the necessary space for the safe or certain performance of the operation. And, lastly, had it actually been opened, the result would probably not have been averted; the urgent material cause of death was the morbid state of the pulmonary tissue.

11. The only disease discovered in the left lung was inflammation of the parenchyma of its upper lobe. It appeared to be of various degrees of intensity, most energetic centrically where the cavity was found, and gradually declining in severity thence to its border of interruption. We look upon this simple view as meeting all the difficulties of the case. Assuredly this cavity was not an apoplectic cell, nor a vomica, nor cancerous, nor from any other equally rare form of pulmonary lesion, for its character did not answer to such. We accordingly regard the explanation given of it by Dr. Watson, the President of the Academy, as approaching nearer to its true interpretation than any we have read in the discussion. He informs us that Mr. Whitney had been in the habit of drinking to excess in early life, had foul breath, a cough lasting for many months; therefore he infers he had, in all probability, circumscribed gangrene of the lung. Several other features are pointed out, but as we do not accept all that is stated by him, nor is it necessary, these need not here be repeated; it is enough to identify our opinion with his in admitting the product to be the result of a similar action, viz., inflam-

mation. It is thus uniform, as it were, in its nature and its termination, with the pharyngeal abscess.

12. The emphysema is intelligible by the solution of continuity in the lung substance entailed upon the previous lesion, whereby the air of inspiration was allowed to diffuse itself throughout the sub-cutaneous areolar tissue. The aperture was thought to have been immediately formed during a fit of coughing. No more likely way of its occurrence was appreciable, it was that set forth, and the statement was not gainsaid in the discussion.

13. The disorganized state of the tissues of the neck and lung structure is such as is met with occasionally in particular types of inflammation developed from a morbid poison or septic influence, and suggests that these lesions might have been local manifestations of its presence. Causes, both internal and external, may be found, to the agency of which its occurrence could be referred. Of the internal or those within the patient's own body, may be mentioned, the extreme mental agitation, the corporeal depression, the general shock, and approaching collapse; and of the external, may be particularized, exposure to atmospherical influences of a toxic tendency. At the time a peculiar epidemic was prevailing, of which abundant evidence has latterly been had in Canada, throughout the United States and elsewhere. Some of the cases noted have been remarkable by a peculiar inflammatory affection of the submaxillary and other glands, variable in degree, and occurring either alone or in association with diphtheria. A person debilitated as Mr. W. was, from decrease of vital resistance, would be unable to contend against the morbid influence to which he must necessarily be exposed; and, being already in bad health, must the more readily succumb, and be seized proportionately with a more intense form than ordinary of the prevailing malady. When a condition of the system such as his is present, when the vital powers are down and the elements of disease are present, it generally happens that the latter tend to expend their force upon some particular part which is relatively weaker than the rest, and by this rule, if applied to Mr. W.'s case, we shall at once comprehend why the neck was a seat of election, vide sec. 7. Upon the same principle the election of the lung is also explainable: assuming, what none can deny to be true, that the site of the cavity was the region of ancient disease —what that disease was cannot be positively averred—what it was not, we know; it was not Tuberculosis, but what it was can be now only a matter of surmise. It is enough, however, to concede that some abnormality existed there which attracted the more general disease and favored its settlement.

The New Sydenham Society.—Our subscribers may not be aware that a new Society, bearing the above title, has been recently established in London, England, which offers its advantages to medical men or professional amateurs, in whatever country they may be residents. To those in Canada the facilities of transatlantic communication present these in a more favorable way than can be experienced by some other colonists. Its object is to publish every year certain works upon medicine and distribute them among the members. The number of works sent out will depend upon the number of members. At present there are 1700 members enrolled in its list, and this will justify the issue of 4 seperate volumes, of which each individual will receive a copy. As soon, however, as the number reaches 2000, it is hoped to be able to furnish two more volumes. A list of books is furnished by the council every year, from which subscribers are permitted to make selections, and upon the names of these being returned, the final decision is determined by the majority of votes in favor of those that have been most numerously chosen. Our old and esteemed friend, Dr. Fenwick, of this city, has been appointed Honorary Local Secretary for Canada. Gentlemen desirous of joining this very desirable and profitable organization should please to signify their intentions to him. This should be done with as little loss of time as possible, if they desire to share in the benefits of the first year, as only a small number of extra copies of the works will be printed beyond those required by actual members. No election to membership is necessary; any person wishing to be associated may become so at once by adopting the course pointed out. The expense involved in being associated with the Society is the payment of an annual subscription of one guinea; it may be paid in here, or, if preferred, transmitted direct to London, to the care of Mr. Jonathan Hutchinson, 14 Finsbury Circus, E.C., London. The money must necessarily be sent in advance of the receipt of the books, otherwise there would be no fund wherewith to defray the charges of publication. Home money orders should be made payable at the Finsbury Place Office. The books as they are issued, will be forwarded for the subscribers in this province to Dr. F., who will kindly undertake the trouble of their distribution. Any additional expense resulting from the delivery of the volumes to persons at a distance, will have to be borne by the individual members. Members have the option of importing their works through any other medium, than the official, they please, as through booksellers, &c. The Honorary Secretary for Canada will be prepared to forward copies of the prospectus, for the further information of parties requiring them, upon receiving with their names their proper addresses. The following are the books determined for publication during the current year:

Vol. I.—Didayson Infantile Syphilis—already printed.

Vol. II.—Gooch on some of the more important Diseases of Women and Children, and other papers. With Prefatory Essay by Dr. Robert Ferguson. Wood Cuts. *To be ready in March.*

Vol. III.—Selected Memoirs on Diphtheria (Bretonneau, Trousseau, Guersent, Buchet, Daviot, and others). With a Bibliographical Appendix. *nearly ready.*

Vol. IV.—Schœder van de Kolk, on the Anatomy and Physiology of the Spinal Cord. With Plates.

Schrœder van der Kolk, on the Medulla Oblongata, and on the Proximate Cause and Rational Treatment of Epilepsy. With Plates. *These two volumes will be bound in one.*

Vol. V.—Clinical Memoirs on Abdominal Tumours and Imtumescence. By Dr. Bright. Collected and reprinted from the Guy's Hospital Reports. Edited by Dr. Barlow. With Plates and Wood-cuts.

Vol VI.—A Volume of Translated Modern Essays, (chiefly German) on different medical subjects. Wood-cuts.

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## RETOUR DES MALADES ADMIS À L'HOPITAL DES URSULINES DE TROIS RIVIÈRES, DEPUIS LE 1er JANVIER AU 31 DECEMBRE 1858.

| | |
|---|---|
| Malades restant le 1er Janvier 1858, | 8 |
| Admis durant l'année, | 123 |
| | 131 |

| MALADIES. | | MALADIES. | |
|---|---|---|---|
| Hydrothorax | 2 | Scorbutus | 2 |
| Conjunctivitis | 3 | Cynanche tonsillaris | 2 |
| Ophthalmia | 4 | Cephalalgia | 2 |
| " tarsi | 2 | Tic Douloureux | 1 |
| Anorexia | 16 | Hœmoptisis | 2 |
| Contusio | 2 | Mania | 1 |
| Dyspepsia | 7 | Chlorosis | 2 |
| Pneumonia | 10 | Furunculus | 2 |
| Paronychia | 2 | Hepaïtis | 2 |
| Hysteria | 2 | Sciatic | 2 |
| Catarrhus | 4 | Hysteritis | 1 |
| Pleuritis | 4 | Hypochondriasis | 1 |
| Rheumatismus (acut) | 7 | Asthma | 2 |
| " (chronic) | 1 | Tinea capitis | 1 |
| Herpes | 2 | Ingrowing toe-nail | 1 |
| Paralysis | 3 | Poisoning by copper | 1 |
| Phhisis | 10 | Variola | 2 |
| Urticaria | 2 | Ascites | 2 |
| Syphilis | 6 | Ulcera | 4 |
| Pleurodynia | 5 | Varices | 2 |
| Ustio | 1 | Inflammation of the penis | 1 |

| | |
|---|---|
| Déchargés guéris ou Soulagés | 112 |
| Morts | 4 |
| Restant sous traitement | 15 |

G. BADEAUX, M. D.

# MEDICAL NEWS.

Sir Walter Trevelyan, Bart., has placed one hundred pounds at the disposal of the Council of the Society of Arts, to be awarded as a prize for an essay on Marine Algæ, as applicable for food, medicine, and industrial purposes..... John Mackesey, Esq., M.D., has been elected Mayor of Waterford for 1859..... M. Bérard, Professor of Physiology at the Faculty of Medicine, Paris, has just died, after an illness which had prevented him from lecturing for the last three years.....The Emperor of Austria has just granted a large extent of crown lands for the erection of a new hospital which is to contain at least 1000 beds. The patients are to be admitted without any reference to nationality or religion, and the hospital is formed in honour of the birth of the Crown Prince, the Emperor's eldest son.....A Yankee physician named Bates, from Ashfield, Massachusetts, has established himself successfully in practice at Kakocurdi, Japan. ....Dr. Thos. K. Chambers has been appointed Physician to His Royal Highness the Prince of Wales, whom he will accompany to Rome.....Somnambulists frequently perform the most dangerous feats with an instinctive care which preserves them from injury. The St. Paul (Minnesota) *Times* relates the case of Mr. Brownson, son of the Editor of "Brownson's Review," who leaped from his window, a height of eighty or ninety feet, and was found dead, much mutilated by his fall.....The official return of the overseer of the poor in Taunton, Mass., mentions that Elizabeth Drayton was eleven years old on the 14th May, 1858, and that three months and twenty-four days before that she became the mother of Horace White Drayton.....The total mortality in Philadelphia during the past year was 10,694, being 1 in 56 of the population.....MM. Andre and Rayer have recently resigned their posts as Physicians to La Charité, which they have long held with distinguished honour.....The number of medical inscriptions made at the Faculty of Medicine, Paris, between the 2nd and 15th November, was 1065. The number of new entries is 251. In 1857 the total number of inscriptions was 1027, and of new entries 158.....Active measures are being taken to pull down and rebuild the Hotel Dieu of Paris. That portion of it which is situated on the left bank of the river is coming down first; the building on the right bank will follow, and it is probable that the new Hospital will be erected on the Montebello Quay.....A monument is to be erected at St. Petersburg to Sir James Wylie, physician to the late Emperor. The site chosen is the open space in front of the Medical Academy, of which this distinguished physician was formerly president.....Dr. Thomas Watson has been appointed Physician Extraordinary to Her Majesty, Queen Victoria, in place of the lamented Dr. Richard Bright. Dr. Watson is well known to the profession for his high character and distinguished attainments, and as the author of the "Principles and Practice of Medicine."....The Portuguese papers state that the Marshal Duke of Saldanha, who, when in command of troops during the civil wars, was always remarkable for his attention to all the details relating to the medical department, has just published a work entitled, "State of Medical Science in 1858."

THE

# MEDICAL CHRONICLE.

Vol. VI.] APRIL, 1859. [No. 11.

## ORIGINAL COMMUNICATIONS.

ARTICLE XXVII.—*Excision of the Shoulder Joint.* By Robert L. MacDonnell, M.D., Surgeon to St. Patrick's Hospital, Montreal.

Ambrose C., a delicate, scrofulous lad was admitted under my care, into St. Patrick's Hospital, April, 1858, labouring under a chronic disease of the right shoulder joint.

He stated that he had received several severe injuries on that shoulder two years before, from having been thrown on the ice frequently whilst playing with other lads, in the amusement of *sleighing*. The next day he experienced severe pain in the joint, which soon became swollen, and eventually, abscesses formed, and burst externally, and matter continued to flow freely for several months from twelve sinuses, which on being examined, were found to lead down to diseased bone. Some of the sinuses were connected with the anatomical, some with the surgical, head of the humerus, whilst others ran towards the coracoid and acromisn processes. None of them took a direction towards the ribs.

The shoulder was much swollen, of a deep red hue, and of semi-cartilaginous consistence. The redness and alteration of structure extended to the insertion of the deltoid, and the axilla was filled up with a similar hard and resisting substance. The motions of the joint were lost. When an attempt was made to move the arm, the scapula moved with it, and the arm could not be moved from the side, to which it appeared firmly attached by the condensed structure occupying the axilla.

When he made an attempt to raise the arm, it was easily perceived that motion was confined to the scapula alone, and that the humerus did not participate in it. The elbow joint was free from disease, and the forearm and hand were strong and their muscles well developed.

As this condition of the parts did not improve, and as the patient's health was rapidly declining, owing to frequent attacks of diarrhœa, vomiting, and constant pain, I proposed to him, to have an operation performed, by which the head of the humerus and any diseased bone in the vicinity of the joint should be removed, to which he gladly consented, being most anxious to obtain relief, at all hazards.

Assisted by my colleague Dr. David, I performed the following operation:—A semi-lunar incision was commenced at the point of the coracoid process and carried downwards and outwards towards the root of the acromion, extending downwards to near the insertion of the deltoid, and so directed, as to take the flap more from the back part of the joint than the front.

The knife cut through a hard brawny substance, of a whitish color, and scarcely vascular, and as soon as the incision was made, the flap retracted, as if it were composed of india rubber tightly stretched over the joint, and a deep narrow cavity was exposed, the walls of which were composed of eroded bone. There was no trace of the capsular ligament, nor of the tendons of the scapular muscles, nor of the long or short head of the biceps. It was soon ascertained that the boundaries of this bony chasm were formed by the end of the shaft of the humerus (for no portion of its anatomical neck remained) and by the neck of the scapula, the under surface of the acromion and coracoid processes. The surfaces of these bones were covered with sharp and hard spiculæ and processes which were interlocked with one another, so as to make it impossible to move the humerus without moving the scapula also. The space between the humerus and the remains of the glenoid cavity barely admitted the introduction of the index finger. All efforts to "turn out" the end of the humerus proved ineffectual; its surgical neck seemed bound by the condensed structure of the axilla to the thorax, and could not be separated from it, and no space could be procured, wherein to work the smallest saw. Under these circumstances the plan of operation was at once changed. An incision was carried from the one already made downwards, on the external surface of the humerus for the distance of three inches, and the soft parts being carefully dissected from the bone, I was able to remove, by means of a cutting forceps about two inches and a half of the diseased extremity of the bone, together with the neck of the

scapula, and the extremities of the acromion and coracoid processes. As the forceps did not answer for all parts of the operation, the gouge was freely applied until a healthy bony surface was exposed throughout. During the operation, which was necessarily more protracted than was anticipated, he lost a good deal of venous blood, and the proceedings had to be stopped three or four times until he regained sufficient strength to enable me to continue. The greatest care was also bestowed upon the administration of the chloroform. Notwithstanding the size of the wound, and the vascularity of the integuments, there was only one small artery cut (the anterior circumflex), and this did not require a ligature. The edges of the wound were brought together with difficulty, for in order to keep down the upper flap, I was obliged to use hare-lip pins, so great a tendency did it exhibit to retract upward over the point of the shoulder.

Water dressing was applied to the wound, an anodyne administered, and nutritious diet prescribed.

The following morning he was in good spirits, and stated that he had passed a quieter night than he had done for several months past. He suffered no pain in the shoulder, and was quite free from fever.

It is unnecessary to detail the daily changes that took place in the wound. I may mention that I took no precaution about keeping the limb raised, or in a fixed position ; in fact, I neglected much of the advice given on this point in surgical books, as I believe a good deal of it is suggested by theory, and not by practice. I allowed the patient to please himself on this point ; and I had no reason to regret leaving him to manage matters for himself, for, on the sixth day after the operation, he was walking about the ward, and could move the elbow from the side to a distance of about eight inches, and the scapula could be elevated, carrying with it the arm, without any increase of pain ; and, at the termination of the fourth week, he was able to hold a vessel in the hand of the affected limb, to receive the fluid of an abdominal dropsy I had tapped, and steadily continued at this task until the last drops of the fluid were drawn off. I mention this circumstance, as showing what power the limb had acquired, for the test is one, which even a strong person, with perfect use of the arm and shoulder, would feel tiresome, and difficult to sustain.

He remained in the hospital for some weeks longer, during which period all the sinuses closed but one. His health became much improved, and he left with the intention of earning his livelihood as a pedler. He frequently called at my house during the autumn, and, on each occasion, an increase of power of the limb was remarked.

Within the last few weeks, I have heard from his sister that he was attacked during the winter with inflammation in the bowels, and died after a short illness.

I am sorry that I had not an opportunity of examining the shoulder. It would have been interesting to ascertain the exact condition of the tendons of the scapular muscles, and those of the biceps, triceps, coracobrachialis, pectoralis minor, pectoralis major, and latissimus dorsi.

In the method of operating, I proposed following the plan of Malgaigne, who makes a flap of the deltoid, including the capsular ligament, in the same sweep of the knife; and I also intended to follow the precept of O'Bierne—to get into the cavity of the joint, by running the scalpel up the bicipital groove, taking the long head of the biceps as a guide. I do not know if I am correct in assigning this suggestion to O'Bierne, but it was from him I learned it, and I have found it an easy, expeditious and quick method of getting into the joint, and it does not involve the division of the tendon of the biceps, until necessity demands the performance of this step of the operation.

I had, at the same time, two other cases of disease of the shoulder joint in the hospital. One of them afforded a strong contrast to that just detailed. The patient was a delicate scrofulous young man. In him, the disease had been of several years standing, and instead of an increase in size, the prominence of the shoulder was gone, and the outline of the humerus and the acromion and coracoid processes could be plainly seen and easily felt; and the arm and forearm were much atrophied. Two sinuses in the front of the joint led down to bare bone in the vicinity of the surgical neck of the humerus, but as he suffered very little, and had regained considerable use of the limb, and as his general health was daily improving, I looked upon the case as one in which nature was making an attempt to produce anchylosis, and consequently did not consider myself justified in interrupting that process by surgical interference. The other case was that of a stout, middle-aged woman, who had received a severe injury of the left shoulder six months before, which had been followed by acute inflammation, ending in false anchylosis. The arm was fixed to the side, and she could not make any attempt to separate the elbow from the side, or to raise the hand to the head. It was my intention to have administered chloroform and to have broken up the adhesions; but whilst examining the joint, she accidentally slipped off the chair upon which she was sitting, and, in my efforts to keep her from falling, I jerked the arm up, whilst her great weight carried the body and scapula downwards; a loud crackling noise was heard, and the motions that I had intended communicating to

the arm, were thus rudely and unintentionally given to it. Notwithstanding, she made an excellent recovery, perhaps a better one than if she had been more scientifically treated.

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ARTICLE XXVIII.—*Two examples of Myeloid Tumor; with general observations upon that form of growth.* By R. P. Howard, M.D., &c., Prof. Clinical Medicine, McGill College, etc.

(*Continued.*)

Gentlemen,—The term myeloid was proposed by Mr. Paget,* for a class of tumors first described by Mr. Lebert in 1845, under the title "*Tumeurs fibro-plastiques ou sarcomateuses.*"† The latter pathologist included under this head growths whose histological structure consisted chiefly of elongated fibre-cells, like those found in granulations, or contained in addition, "mother cells," i. e. cells containing several distinct nuclei, identical in character with those of the diploe and marrow of fœtal bones. The former pathologist regards growths composed chiefly of the many-nucleated cells as quite distinct in nature from those made up of elongated fibre-cells, although, he admits that both these structures usually co-exist in the myeloid growth; and to obviate objections, I have not, except in one instance, tabulated any tumor which did not contain the poly-nucleated cells in sufficient abundance to justify the application of myeloid; the exceptional case however, in its clinical history and anatomical naked-eye characters admits of no other allocation.

It is not my intention to furnish you with an account in detail of the history,—clinical, pathological and histological, of myeloid tumors—this you will find in the works of the authors above mentioned, and in two excellent papers, in the Medico-Chirurgical Transactions for 1856, and Guy's Hospital Reports for 1857; the former by Mr. Henry Gray; the latter by Dr. Wilks.

I purpose merely giving the results of my examination of some of the features presented by 38 specimens of the disease recorded by competent authorities. The table appended to this paper supplies the materials employed, and the sources whence they were derived. There are four additional cases tabulated separately, as some doubt exists as to whether they were purely myeloid growths or not.

1. Myeloid tumors appear to occur with about equal frequency in both sexes; thus, of the 38 cases, 15 were males, 18 females, and in five the sex is not stated.

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* Lectures on Surgical Pathology, American edition, p. 446.

† Physiologie Pathologique, tome 2, p. 120.

2. An apparent exciting cause is mentioned in 10 instances; it is not alluded to in 15, and is said to be absent in 13. In the 10, an injury of the part is the cause assigned, which is about $\frac{1}{4}$th of the whole number, a larger proportion than is assigned to injuries ($\frac{1}{5}$th) by Mr. Paget in the causation of cancer. The nature of the injury was, in 7 either a blow or fall, or succession of blows, and in the other 3, respectively, a sprain, a strain, and a slight injury while swinging.

3. The frequency of myeloid disease at various epochs of life was as follows:

| YEARS. | |
|---|---|
| From 12 to 20— | 9 cases. |
| 20 to 30— | 14 " |
| 30 to 40— | 4 " |
| 40 to 50— | 2 " |
| 50 to 60— | 0 " |
| 60 to 70— | 0 " |
| 70 to 74— | 1 " |
| | 30 |

4. It is an interesting feature in the history of myeloid tumors of bone as compared with cancerous, that the former occur chiefly before 40, while the latter are almost as frequent after 40; thus, of the 30 cases of myeloid tumor in which the ages are shewn, 27, *i. e.* 90 per cent were under 40; 3, *i. e* 10 per cent were over 40. Of 54 cases of cancer of bone (*) 33, *i. e.* 61 per cent were under 40; 21, *i. e.* 40 per cent were over 40. On the other hand, it is not a little singular that cancer is of equal frequency with myeloid in early youth, say under 20: thus, of 54 cases of cancer, 21, *i. e.* 30 per cent were under 20; of 30 cases of myeloid, 9 *i. e.* 30 per cent were under 20. If the comparison be extended to the decade between 20 and 30, it will be found that myeloid disease of bone becomes much more frequent at that period of life than cancerous. Thus, of 30 cases of myeloid, 14, *i. e.* 47 per cent occurred between 20 and 30, while of 54 cases of cancer, only 11, *i. e* 20 per cent occurred between 20 and 30. Hence, if such limited numbers may be relied on, it follows, that if the patient be over 40, the chances that a tumor of a bone is cancer rather than myeloid are as 40 to 10; if between 20 and 30, the chances are in favor of myeloid, as 47 to 20; but if under 20, they are about equal.

5. The proclivity of the bones, especially of the long bones, and of these, their articular extremities, to myeloid tumors is shown by the table; thus, in 34 of the 38 cases, the bones were the parts affected; of

(*). Paget's Surg. Pathology, p. 55.

these, 25 were long bones, or 73 per cent; and of the whole 25 the disease occupied the articular ends.

Even in the 4 cases in which osseous tissue was not involved, the growth was attached to the periosteum 3 times, and the dura-mater (analagous to periosteum) once.

The special sites of the tumors were as follows :—

| | | |
|---|---|---|
| Condyles of femur | in | 12 |
| Head of tibia | in | 7 |
| Upper extremity of fibula | in | 2 |
| Lower extremity of fibula | in | 1 |
| Head of humerus | in | 2 |
| Lower end of radius | in | 1 |
| Superior maxilla | in | 4 |
| Inferior maxilla | in | 2 |
| Scapula | in | 1 |
| Patella | in | 1 |
| Vault skull | in | 1 |
| Dura Mater | in | 1 |
| About great toe | in | 1 |
| Outside radius at wrist | in | 1 |
| Periosteum of tibia near ankle | in | 1 |
| | | 38 |

In one instance, (c 28) the growth had extended from the femur into the articulation and involved the patella and tibia; and in another, (c 38), the synovial cavity and space between the articular surfaces of the femur and tibia was occupied by the growth, and yet the cartilage covering those surfaces was intact. Myeloid disease, like carcinomatous, is extremely little prone to implicate cartilage.

6. The irritation excited by the growth in the head of the bone may, and frequently does excite inflammation in the contiguous articulation, but this is of an adhesive, rather than of a suppurative and destructive character. In the specimen now on the table, the cavity of the joint was obliterated by tolerably firm adhesions. In one of Sir. B. Brodie's cases, (c 7), old adhesions were found between the articular surfaces. The circumstance that the inflammation of the joint which supervenes upon myeloid disease of the articular extremity of a bone, is adhesive rather than suppurative, is not peculiar to that growth, for it has been observed to obtain in cancer invading the same locality, and is no doubt also the rule in cartilaginous tumors.

7. The cases collected furnish no positive information as to the duration of life when myeloid disease is permitted to pursue its course without surgical interference. Case 34, in which the growth engaged the dura-

mater, terminated fatally two months after the first manifestation of the head symptoms; case 24, in which the cranial vault was the site of the growth, closed with head symptoms three years after the first indications of the disease; how long these patients might have lived, had not the growths interfered with the functions of an organ essential to life, it is impossible to say; case 39, besides being of a doubtful nature, had its natural course modified, probably much accelerated by 35 tappings, 6 injections with iodine, and 2 setons.

8. An examination of these cases however, proves that the average duration of life after removal of myeloid tumors far exceeds its average duration after removal of cancer. Mr. Paget assigns as the average duration of life under these circumstances, 28 months for medullary and 49 months for scirrhous cancer. But of 24 persons who survived the removal of myeloid tumors, and the duration of whose disease is stated, I find that the whole number but two, were alive when the cases were published, and had then individually attained an average of rather more than 5½ years from the first indications of the disease. If the two deaths be omitted in the calculation, then the 22 individuals were alive five years and eight months, on the average, after the disease had manifested itself by symptoms. How much longer they may have continued to live, is a problem for future solution.

9. It is significant moreover to observe, that the cause of death in one at least of the two defunct persons, was of an accidental nature; he succumbed to phthisis five years after the removal of the disease, and 5½ years after its first discovery (c 1). Acute pleurisy, which succeeded an operation performed "a few days" previously, induced the fatal termination in the other case, but myeloid tumors were also found in the lungs (37).

10. So far as we yet know, myeloid resemble innocent tumors in their little proneness to recur after removal. The first recorded instance of the re-appearance of pure myeloid tumor as myeloid, was published in the Medical Times and Gazette last January (c 37). About two years after the amputation of the patient's leg for myeloid disease of the head of the fibula, he discovered three tumors on the stump, which on excision proved to be myeloid; and at his death, which followed the removal of the tumors in a few days, the lungs were each found occupied by three or four myeloid tumors, the largest the size of the heart.

It is true, that it is only in 19 of the whole 38 cases of myeloid that it is stated whether the disease recurred or not, and in some of these, the period that had elapsed between the removal of the growth and the report of the case, appears rather short to have afforded the opportunity

for recurrence of the disease; however, two-thirds of the nineteen patients survived an average period of three years and five months without any return of the disease. The following table shows the interval which elapsed without recurrence between the removal and the date of publication of each case:

| No. of cases. | | Interval. |
|---|---|---|
| 6 | 2 | 1 month |
| | 3 | 2 " |
| | 1 | 6 " |
| 12 | 1 | 1½ years |
| | 2 | 2 " |
| | 1 | 2½ " |
| | 1 | 3 " |
| | 1 | 4 " |
| | 2 | 5 " |
| | 1 | 6 " |
| | 1 | 7 " |
| | 2 | 10 " |
| | 18 | |

Comparing pure myeloid with cancerous tumors, it may be said, that whereas recurrence is the almost invariable rule in the latter, it is the rare exception in the former; and while the great malignancy of cancer is shown in the rapidity of its recurrence after the removal, the interval being 7 months in medullary cancer and 14 months (*) for scirrhous, the comparative innocence of myeloid is proved by its non-recurrence after an average interval of 26 months.

11. That malignancy is but a comparative term, as remarked at the commencement of this paper, is shewn by the disease now under consideration. In one instance, related by a competent observer, Dr. Wilks of Guy's Hospital, a pure myeloid tumor recurred in the stump two years after the ablation of the original disease, and similar pathological structures were found in the lungs; the disease in fact, re-appeared both locally and remotely. The lymphatics were, however, not affected, the patient exhibited no signs of cachexia, and his death was due to acute pleurisy. (c 37).

Mr. Paget also, relates a case in which, while the microscopic and naked-eye characters of the tumor were those of myeloid, it exhibited some features of malignancy, for besides the presence of "four small masses of similar substance in the lungs," a "similar material was diffused in *one* of the cervical *glands* (c 39). In this instance then, one lymphatic gland was contaminated, as well as the lungs; still, the patient exhibited no cachexia, but was of "healthy appearance."

(*). This rate is obtained by calculation made from Mr. Pagets' table at p. 525 of his work, American edition.

12. Our present knowledge of myeloid tumors not only proves that malignancy is not peculiar to cancer, although both terms are generally regarded as equivalents in pathological meaning, but tends to show furthur, (A) that the same growth may contain the comparatively innocent myeloid cells and the so-called specific cancer cells, and, (B) that a tumor apparently myeloid in structure, or, (C) mixed myeloid and fibro-plastic, may after removal be succeeded by genuine cancer both at the original site and in the internal viscera.

(A) The same growth may contain "myeloid" and "cancer-cells." A lad, ætat 18, had his leg amputated for a growth from the head of the fibula, which, in its general appearance, resembled other myeloid tumors"; but "it contained a large amount of bone mixed with the soft material." "Much of the myeloid matter was of a milky white colour, and to the naked eye resembled cancer. The microscope, however, showed true myeloid cells, but at the same time some very *large single nucleated cells*, elsewhere called "cancer cells" by the reporter. A few months after, the boy became paralysed, and growths, also containing *myeloid* and *cancer* cells, were found in the spine and in the lungs. This patient was markedly cachectic (c 42).

(B.) I have said a tumor apparently myeloid may be followed after removal by genuine cancer, both locally and remotely.

Mr. Paget records the history of a tumor of the mamma, which he concluded after careful examiuation to be "a myeloid tumor, suppurated or possibly mingled with cancer." Six months after its removal a tumor re-appeared in the axilla, grew large, ulcerated, bled freely, and was really open cancer (c 41).

(C.) A mixed fibro-plastic and myeloid tumor may likewise be followed by cancer. A remarkable case is related by Mr. Hutchinson of a tumor consisting of fibro-plastic and myeloid structures, the former largely predominating however, and involving the head of the humerus, the removal of which was succeeded in 10 weeks by genuine medullary cancer, both at the site of the previous operation and in the lungs. The lymphatic glands, although enlarged, contained no cells resembling cancer cells (c 40.) This last example is a further illustration of the difficulty of a rigidly accurate classification, for in the original tumor, two histological elements, now considered quite distinct and different, the fibro-plastic and the myeloid co-existed; teaching us in fact, that tumors in their structure are often compound, and are competent therefore to the occupancy of one, two, or three locations in the scale of classification, according as one or other of their histological elements is regarded as their essential characteristic.

12. If case 39, about whose real nature Mr. Paget expresses some doubt, (not that it wanted the naked eye and microscopic characters of myeloid, but that it differed from all that was then known of that form of tumor), be regarded as genuine myeloid, then there are two instances on record in which that growth implicated the internal organs as well as the external, and one in which a lymphatic gland in addition was involved, *i. e.* two out of 39 cases.

RECAPITULATION OF CONCLUSIONS RESPECTING MYELOID TUMORS.

1. They occur with about equal frequency in both sexes.

2. Local injury was the apparent exciting cause of the growths in about one-fourth the entire number, and in 13 of the 38 cases no cause could be assigned.

3. Myeloid tumors occur chiefly before 30 years of age, for 76 per cent of the cases were under that age, and 90 per cent were under 40; they may occur at as advanced an age as 74.

3. While myeloid and cancerous tumors are of about equal frequency under 20, myeloid are more frequent than cancerous in the ratio of 47 to 20 at the decade between 20 and 30.

5. The bones are of all parts of the body most prone to myeloid growths; in about $\frac{3}{4}$ths of the cases it is the long bones which are implicated; and in perhaps all cases, the disease begins in and is confined to the articular extremities of such bones.

6. The condyles of the femur is the part of the body most obnoxious to these tumors, probably the head of the tibia next, and the superior maxilla next. Several other localities exhibit about equal susceptibility, viz: the head of the humerus, the head of the fibula and the inferior maxilla.

7. No bone is probably exempt.

8. Of the soft parts, it is chiefly the fibrous tissues, and especially those in proximity to bones and articulations, that are most liable to myeloid growths; but they have been rarely seen in the lungs, in the neck, in a lymphatic gland, and in the mamma; in the last site, it was probably associated with cancer.

9. These growths very seldom extend into an articulation; this event having been noticed only twice in 25 cases, in which the disease occupied the articular extremity of long bones: even should the articulation be entered by the growth, the cartilages are not usually implicated.

10. Secondary inflammation occasionally is excited in the contiguous articulation, but it is of an adhesive, rather than a suppurative character.

11. Data are wanting to determine the average duration of life when myeloid tumors are not interfered with.

12. The average duration of life after removal of myeloid tumors *far exceeds* its average duration after removal of cancerous; a large proportion of the subjects of the growth were alive five years and eighth months subsequently to the operation.

13. Of two deaths which followed removal of the tumor at the respective intervals of five and two years, the cause was accidental and not connected with the disease.

14. So far as we know, pure myeloid disease exhibits little proneness to recur after removal, there being only one instance yet recorded of that event (c 37); (*) but, then, in only half the cases collected is the subject of recurrence mentioned, and in many others sufficient time had scarcely elapsed to justify any opinion.

15. While medullary cancer recurs on the average in 7 months, and scirrhous cancer in 14, myeloid tumor in 18 instances, had not returned after an average interval of 26 months, and in 12 of these or two-thirds, the period of non-recurrence, was three years and five months.

16. Myeloid may exceptionally recur as myeloid both locally and in remote organs; the lymphatics enjoying immunity, and there being no cachexia.

17. It may co-exist in an external part, in the lungs and in a lymphatic gland, and even prove fatal without the presence of constitutional cachexia ( c39).

18. The same growth may comprise both myeloid cells and so-called "cancer cells," although in general appearance resembling myeloid tumors, and be succeeded by similar compound tumors in the lungs and spine, with marked cachexia (c 42.)

19. A tumor apparently myeloid, even on microscopic examination, may be followed after removal by genuine open cancer in the vicinity of the original tumor (c 41).

20. A tumor composed chiefly of fibro-plastic structure and partly of myeloid, may be attended with enlargement of the glands, and when removed, be rapidly succeeded by cancer at the site of removal and in the lungs, the glands though enlarged not being cancerous (c 40).

21. Of 42 examples of growths apparently myeloid, two of which, however, probably contained cancer cells, and one fibro-plastic elements; there were five in which the growth either recurred after removal, or had involved remote internal organs.

10 Bonaventure street, March 11th, 1859.

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(*) I purposely have omitted some cases of myeloid disease of the maxilla which re-appeared after removal, apparently in consequence of having been only partly excised.

## TABLE OF MYELOID TUMORS.

| No. | AGE. | SEX. | SITE PRIMARY. GROWTH. | CAUSE. | SURVIVED 1ST REMOVAL. | SURVIVED 1ST DISCOVERY. | RECURRENCE. | DATE LAST REMOVAL. | AUTHORITY. | ARTICULATION ADJOINING. |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 18 | M. | Head humerus. | Strain 3 months before appearance of tumor. | 5 years. | 5½ years. | None up to death, June, '58 of Phthisis. | June, '53. | Mr. Simon and Dr. Bristow, Path. Trans., vol. vii., p. 351. Mr. Jones, Med. Times and Gazette, Feb., '59, p. 172. | Healthy. Disease had not extended into joint. |
| 2 | 22 | F. | Head tibia. | None known. | Not stated. | 18 months before pain felt over instep, then extended gradually to head tibia, and swelling perceived. | Not stated. | April, '56. | Mr. Charles Hawkins, Path. Trans. vol. vii., p. 355. | Not stated if healthy. |
| 3 | 30 | M. | Lower Maxilla. | None mentioned. | Not stated. | 14 or 15 months when last seen | None 2 mos. after operation. | Nov., '56. | Mr. Hutchinson.—*Ib.* vol. viii., p. 380. | ..... |
| 4 | 15 | M. | Condyles femur. | Do. | Do. | 4 mos. when removed. | ..... | Aprll, '57. | Mr. Thos. Bryant " p. 387. | Unaffected. |
| 5 | ..... | F. | Head tibia. | Do. | Died 10 days after operation. | 2 years. | Do. | ..... | Sir B. Brodie and Mr. Gray, Med. Chir. Trans., p. vol. 39. | Do. |
| 6 | 18 | F. | Head humerus. | Do. | Not known, alive 2 years afterwards. | Not stated. | None 2 years after. | ..... | Do. | Do. |
| 7 | 25 | M. | Condyles femur. | Do. | Alive 5 years after. | 6½ years and then alive. | None 5 years after. | ..... | Do. | Adhesions between articular surfaces. |
| 8 | 30 | F. | Head tibia. | After a fall. | Not stated. | Not stated. | Not stated. | ..... | Mr. Lawrence & Gray, Med. Chir. Trans, v. 39 | Not stated. |
| 9 | 25 | M. | Condyles femur. | Blow. | Alive 3 yrs. after. | Alive 5 yrs. after. | None 3 years after. | Dec., '54. | Mr. Cock and Dr. Wilks, Guy's Hosp. Reports, vol. iv. | Cartilages normal, nothing more stated. |
| 10 | 33 | F. | Do. | Fall on knee. | Alive 1 mo. after. | Aliv 14 mo. after. | None for 1 month. | Sept., '56. | Do. Do. | Do. |
| 11 | ..... | ..... | Do. | ..... | ..... | ..... | ..... | ..... | Mr. Key and Dr. Wilks, Guy's Hos. Rep. v. iv. | Not stated. |
| 12 | 24 | F. | Patella. | Blow. | Not known; left well. | Alive 2½ years after. | Not known. | Feb., '42. | Mr. B. Cooper and Dr. Wilks, Guy's Hosp. Rep., vol. iv.. | Do. |
| 13 | Yo'ng | ..... | Head tibia. | Not stated. | ..... | ..... | ..... | ..... | Dr. Wilks. Do. | Not stated. |

## TABLE OF MYELOID TUMORS.

| No. | AGE. | SEX. | SITE PRIMARY GROWTH. | CAUSE. | SURVIVED 1ST REMOVAL. | SURVIVED 1ST DISCOVERY. | RECURRENCE. | DATE LAST REMOVAL. | AUTHORITY. | ARTICULATION ADJOINING. |
|---|---|---|---|---|---|---|---|---|---|---|
| 14 | ..... | ..... | Do. | ..... | ..... | ..... | ..... | ..... | Do. Do. | Do. |
| 15 | ..... | ..... | Do. | ..... | ..... | ..... | ..... | ..... | Do. Do. | Healthy. |
| 16 | 30 | M. | Head fibula. | No cause known. | Left in 1 month. | Alive 8 mos. after | Not known after a month. | Nov., '56. | Mr. Cock and Dr. Wilks, Guy's Hosp. Rep., vol. iv. | Cartilage healthy. |
| 17 | 27 | F. | Acromion process. | None known; fell 15 months afterwards. | Alive 1½ years after. | 2 yrs. after tumor appeared, but symptoms 1½ previously. | None for 1½ years. | Jan., '56. | Do. Do. Do. | ..... |
| 18 | 36 | M. | Lower end radius. | None known; subject to rheumatism. | Died in 3 weeks, | 7 months. | None. | Sept., '40. | Mr. Key, & Do. Do. | Healthy |
| 19 | 42 | M. | Condyles femur. | Blow. | Alive 2 months after. | 2 yrs. after blow. | None for 2 mos. | Dec., '58. | Drs. Butler and R. P. Howard, Med. Chronicle, March, 1859. | Adhesions between articular surface |
| 20 | 40 | M. | Do. | Not stated. | Not stated. | Supposed between 2 and 3 years, but not certain. | Thought to have died of cholera 5 or 6 mos. after. | March, '54 | Dr. Scott and R. P. Howard, Med. Chronicle, March, 1859. | Healthy. |
| 21 | M, | 18 | Lower maxilla-symphisis. | Do. | Alive 6 yrs. after. | 6⅙ years. | None for 6 years | ..... | Mr. Stanley, Paget's surg. Path., p. 450, Am. Ed. | ..... |
| 22 | F. | 21 | Alveoli of superior maxilla. | Do. | Alive 2 yrs. after. | Alive 3 yrs. after. | None for 2 years. | ..... | Mr. Laurence.—*Ib.* | ..... |
| 23 | 22 | F. | Superior maxilla. | Do. | Alive about 2½ years. | Alive about 3½ years after. | None for 2½ yrs after complete removal. | April, '51. | Do. Do. | ..... |
| 24 | 15 | M. | Vault skull. | Repeated blows. | ..... | 3 years; died with head symptoms. | ..... | ..... | Mr. Stanley, Do. | ..... |
| 25 | 14 | F. | Inferior maxilla. | None known. | Not stated. | Not stated. | None. | Nov., '42. | Lebert's Phy. Path., vol. ii., p. 144. | ..... |
| 26 | ..... | ..... | Do, | ..... | ..... | ..... | ..... | ..... | Do., p. 144. | ..... |
| 27 | 23 | F. | Condyles femur and shaft. | No cause. | Not stated. | Alive 2 yrs. after swelling noticed, and 2½ after pain was first felt. | Not stated. | Dec., '56. | Mr. B. Childs and Dr. Bristow, Path. Trans., vol. vii. | A few old adhesions between surfaces. |
| 28 | 36 | M. | Condyles femur, patella and head tibia. | Sprain. | 10 years and not said to be dead, | 16 years. | None for 10 years. | ..... | Sir B. Brodie and Mr. Gray, Med. Chirugical Trans., vol. 39. | Disease had extended into joint and attacked patella and tibia. |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 29 | 26 | F. | Condyles femur. | Not stated. | Not stated. | Not stated; had it 5 years before remov'l | Not stated, | May, '54. | Mr. Ward and Mr. A. Adams, Path. Trans. vol. iv. | Healthy; except absorption of cartilage to extent of 3d. |
| 30 | 28 | M. | Condyles femur. | No injury. | Alive 10 years after. | Alive 14 years after. | None for 10 years. | 1854. | Mr. P. Hewit.—*Ib.* | Not stated. |
| 31 | 74 | F. | D. mater over petrous bone. | None apparent. | ..... | Died of pneumonia about 2 months after. | ..... | ..... | Lebert; Phy. Path, t. 2, p. 148. | ..... |
| 32 | 46 | F. | About great toe, not invol'g bone. | None apparent. | Not stated. | manifestation of 20 years before removal. | head symptms. Not stated. | ..... | Do. Do. | ..... |
| 33 | 28 | F. | Periosteum, lower part leg. | None apparent. | Alive 7 yrs, after. | Alive 11 years after. | None for 7 years. | Dec., '38. | Do. Do. | ..... |
| 34 | 12 | F. | Head tibia. | Appeared 2 mos. after an injury. | Alive 6 mos. after | Alive 8½ years. | None for 6 mos. | March, '56 | Mr. Shaw; Patholog. Trans., vol. vii. | Not stated. |
| 35 | 19 | M. | Lower end fibula. | None apparent. | Alive 4 yrs. after. | Alive 5 yrs. after. | None for 4 years. | ..... | Messrs. Parker, Paget and Gray; Medical Chir. Trans. vol 39. | Do. |
| 36 | 40 | F. | Attached to lower end radius. | Do. | Alive 2 mos. after | Alive 12 to 15 years after. | None for 2 months after complete removal. | Dec., '51. | Mr. B. Cooper; Med. Times & Gaz., Feb., 1852, p. 214. | Healthy. |
| 37 | 32 | M. | Head fibula. | Do. | Alive 2½ yrs. died few days after 2d removal of pleurisy | 2½ years after. | 2 yrs. after prot. removal, 3 myeloid tumors in stump. | Nov., '58. | Mr. Cock & Dr. Wilks; Med. Times & Gaz., Jan., 1850, p. 71. | Cartilage perfect. |
| 38 | 17 | F. | Condyles femur. | Frequent blows. | 10 days when reported. | Alive 8 or 9 mos. after. | ..... | Jan., '59. | Mr. Simon and Sidney Jones.—*Ib.* Feb., '59, p. 171. | Growth occupied joint, but cartilages intact |

CASES OF A SOMEWHAT DOUBTFUL NATURE.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 39 | 53 | M. | Neck beneath sterno-mastoid. | None known. | Not removed. | 1 yr. at autopsy. | Died exhausted; 4 small myeloid masses in lungs, and diffused in broical gland. | ..... | Mr. Paget; Surg. Path. p. 454. | ..... |
| 40 | 33 | F. | Head humerus. | Appeared 14 mos. after fracture and dislocation. | Died 5 mos. after. | 5½ years. | 10 months after removal recurred as cancer at site of wound and in lungs.—Glands enlarged, but not cancerous. | ..... | Mr. Hutchinson; Pat. Trans., vol. viii. | Not stated. |
| 41 | 50 | F. | Mamma. | Not stated. | Died 21 months after. | 2½ years. | 6 months as open cancer of axilla. | ..... | Paget; Sur. Path. | ..... |
| 42 | 18 | M. | Head fibula. | None known. | Died few mos. after. | Operated on 6 mos. after discovery of tumor, and 2½ ys. after first occurrence of pain. | A few months after operation myeloid and cancer found in lungs and spine. | May, '57. | Mr. Cock & Dr. Wilks; Guy's Hos. Reports, vol. iii., p. 175, and vol. iv., p. 31. | Not stated. |

ARTICLE XXIX.—*Cases of Alleged Poisoning.* By D. Bergin, M.D. Cornwall, C. W.

(*Continued from page* 404.)

(The discrepancy between the testimony of Dr. Dickinson and that of the lay witnesses, upon many important points, is so great, that I have prepared the following resume of their testimony, in my opinion necessary to a thorough comprehension of the cases. The lay testimony was *first* received. I append also the letter of the Coroner, over the signature of Maria Howell, to "Hoyt," of Syracuse, U. S., together with the answer thereto, and the Directions for taking the Medicine, sent therewith.)

William S. Wood, deposed:—I live in the house next to that occupied during their lives, by the deceased. They bore to me respectively, the relation of mother-in-law and sister-in-law. I saw the deceased about 5 p.m. of the day in which they were seized, neither of them appeared unwell. About 8 p.m., I passed their house and saw Sarah leaning with her arms upon the fence. When within about 15 or 30 feet from her, I asked what she was doing. She replied, very sick, in a very low voice, she then appeared to faint, and fell. I took her up and attempted to revive her, then called to my assistance Mrs. Forbes who lived in the next house. We together carried her to the door step. Mrs. Forbes sprinkled water over her face, but without any beneficial effect. I next sought my wife. I found her in bed, awakened her and brought her with me to assist her sister. We then awakened the mother, the deceased Mrs. Anne Jordan, who was asleep in bed, and told her that Sarah was ill. I then immediately went after Dr. Dickinson. Sarah *did not* complain of *pain* anywhere or give any indication of it. She never spoke again after fainting. Sarah did not vomit until after Dr. Dickinson gave her an emetic. What the vomited matter was like, I cannot say as I paid no particular attention to that, at the time. She was quite unconscious from the time I picked her up, did not seem to be at all benefitted by the Doctor's treatment. He remained perhaps between two or three hours at his first visit, he did not return until the next morning. He said that from appearances, he thought Sarah was laboring under the effects of Poison. Dr. Rattery was called in, the morning after Dr. Dickinson left, he *did not* think that it was a case of Poisoning. Anne Jordan was taken ill while I was absent in search of Dr. Dickinson. Sarah died about 2 a.m. on Friday moning; her mother about 7 p.m. on Sunday following. About the end of the month of July last, at the request of Sarah, I went to the Grand Trunk Station for a Box, which she said, I would find there addressed to me. I obtained the box and

delivered it to her, of its contents I am ignorant. She did not tell me what was in it, altho' I put the question to her.

Lothrop Kendall, deposed :—I am Station and Express Agent at the Grand Trunk Railway here. On the 30th July I received a box to the address of W. S. Wood. I delivered it to him the next day. I saw nothing unusual or suspicious in Mr. Wood's conduct or appearance when he came for the box.

Eliza A. Forbes, deposed :—I knew the deceased, am no relation of theirs. I did not live in the same house with them, although we occupied the same kitchen in common. The health of the deceased was good up to their last illness, I saw them frequently during the day before they were taken ill. I saw them at supper. They ate oatmeal porridge for their last meal. I saw them cooking the porridge. After supper I saw Sarah again, she said she had made a very hearty supper of it. Her child also ate heartily of it. They took their supper before dark, before Sarah went to milk. I cannot tell what interval elapsed between the time they took supper and the time of their attack. I think it was about 9 o'clock, when W. S. Wood awakened me out of bed to help him with Sarah, who he said was sick. I found her lying on her back, on the green. She seemed to me to have fainted. She was insensible. I could not rouse her. Wood and I then carried her to the door step, where we kept her a little while, thinking she would revive more quickly in the air than in the house. Wood went for his wife before we took her in. After his wife came he went for the Doctor. Before taking Sarah into the house, we at once awakened her mother Anne Jordan to get the bed for Sarah. She was then *asleep in bed*, quite well. After coming out to see Sarah, she returned for a candle, after obtaining which she came back and asked, what is the matter with Sarah? She then came forward to help us with Sarah, who lay with her feet towards the door, as she came near she fell. I cannot say whether she tripped or not, she lay perfectly still until we lifted her, she had no cramps or spasms, she did not seem to me to be in a faint like Sarah did at first. We put her to bed as quickly as possible. She seemed to me to breathe easily, but she moved one arm and one leg only, but on which side I cannot recollect. After being put to bed she vomited, but whether before or after the Doctor's arrival, I cannot say, the matter vomited was like oatmeal porridge. I did not see her vomit after the night of the attack, Tuesday. She lived until 7. p.m. of the Sunday following. Anne's children said on the night of the attack that she retained sufficient conciousness to squeeze their hands, but how long this continued I do not know. I cannot assign any cause for their

illness. I think Anne fell through fright caused by Sarah's state. I got a bowl full of the meal, from which the porridge they had eaten was made, *and used* it, I am sure *it was the same meal.* I was not the least afraid to use it. Sarah did not speak after being put in bed, nor did she vomit until after the Doctor came, when he gave her medicine, after which she vomited. The matter vomited was of a yellowish color, more slimy and less like porridge, I think, than what her mother vomited: *it emitted no smell, whatever*, nor did the matter vomited by her mother emit any smell. The deceased Sarah did not seem to be in the least benefitted by the Doctor's treatment. Her feet was cold, and we put hot bricks to them before he came. *She did not sweat any:* she breathed very hard; her breathing was indeed hard enough; hard and rapid and strong, as if from the bottom of her belly. Her countenance was sometimes pale, sometime flushed, her limbs would remain in almost any position in which they were placed. Dr. Dickinson said they were poisoned. Dr. Rattray said they were not. Dr. Pringle also saw them before they died. I think he agreed with Dr. Rattray. He said that Sarah's illness was probably caused by going out into the cold, wet grass, barefooted, or something of that kind.

Cross-examined.—I do not know that Sarah Jordan took anything to cause her illness. Never knew anything bad about her. I did not hear until after her death that she had been pregnant, and not then from any one who could have known it had it been the case. I did not believe it when I heard it, nor do I believe it now.

Margaret Anne Wood, deposed:—I am daughter of the deceased Anne and sister of the deceased Sarah Jordan. They were taken ill on Tuesday the 17th August. Sarah died about 2 a.m. Friday the 20th; Anne on the evening of Sunday 2nd. [The witness here corroborated the most of Mrs. Forbes and Mr. Wood's statement, her description of the matters, however, is more particularly given than theirs and we subjoin it.] Dr. Dickinson gave Sarah an emetic as soon as he arrived; she vomited *just her supper*, I saw it the next morning on the grass; it was nearly all *oatmeal.* My Mother vomited also, but not until after the Doctor's arrival, although *she* seemed sick at her stomach before he came. My mother and sister, each had a motion of the bowels during the night. My mother breathed very easily, without any distress; Sarah, on the contrary, breathed very hard, I heard her breathing before I got to the house. Dr. Dickinson said they were poisoned. At his second visit he repeated his opinion more positively than at his first, he said what they were vomiting was alike; that it looked glary, like slippery elm Tea. Sarah's vomiting was, I think, more like this

than mother's, for we were frequently obliged to remove sticky sort of stuff upon her mouth with a cloth. Dr. Dickinson said he remarked a peculiar smell from the vomited matters. I did not, I thought it was from the purging. I do not think any one beside Dr. Dickinson noticed any odor from the vomiting. Dr. Rattery when he came said that they were not poisoned; he said my mother was laboring under one of her old attacks; he had attended her three time for Paralysis. Dr. Pringle was also called. He agreed with Dr. Rattray that they were not cases of Poison. After Sarah's death, I found a bottle and a box of Pills in her box. I gave them to my brother-in-law, John Barlow, to take care of in the event of an examination, as he thought there would be one. I paid no attention to the bottle or pills myself. I thought nothing of them.

John Barlow, deposed:—I am son-in-law of the deceased Anne Jordan, and brother-in-law of the deceased Sarah. I was sent for to see them about 11 p.m. on Tuesday, 17th August, I went immediately with my wife. We found Dr. Dickinson there when we arrived, he was about to give an emetic to Sarah, who was unconscious; the old lady was vomiting at the time. Sarah breathed a great deal harder than her mother; she was yawning once and a while, snoring and puffing as she breathed, there was froth about her mouth; it was slimy, and they removed it with a cloth or handkerchief. I did not notice any odor from the matter vomited by either of the deceased. Dr. Dickinson left before I did. I saw him examine and feel the pulse of Sarah, but I did not see him examine her mother. He may have done so before my arrival, *but not after*. Drs. Rattray and Pringle were afterwards called they did not agree in opinion with Dr. Dickinson. They thought the old lady's case was one of Paralysis. Dr. Rattray said that he thought Sarah's was Conjestion of the Brain. After the death of Sarah and before the death of her mother, the house was searched and this phial and box of pills which I now produce were found in a box of Sarah's. I did not think they contained poison, but preserved them in the event of an investigation, in consequence of Dr. Dickinson's opinion that they were poisoned.

Cross-examined by Dr. Dickinson.—I recollect that Dr. Dickinson said, at one time, there was a decided improvement in Sarah, *but nobody else said so. She did not* revive, *nor was she able*, as he states, unassisted to raise her head after the action of the emetic. I was told to bring here the phial and pills by W. S. Wood, he called on me on Monday morning last for that purpose. I did not understand Dr. Dickinson to advise an investigation. There was no suspicion of Sarah Jordan being pregnant.

Mary Barlow deposed :—" I am the wife of the last witness, a daughter of the deceased Anne Jordan, and a sister of the deceased Sarah Jordan. I was sent for in August last, on a Tuesday night, to see my sister Sarah —she died on the Friday following, the 20th. I found my mother and sister, both speechless and unconscious. My mother after being bled by Dr. Rattray showed signs of consciousness. She would squeeze my hand, and continued to do so, occasionally during two days. She could move her left leg and hand slightly up and down, but her right side was completely paralyzed : her right eye was open the greater part of the time, and both eyes shortly before she died. The health of my mother and of Sarah was good as usual before their attack—at all events I never heard any thing to the contrary. I cannot say whether Sarah was regular or not. I do not known any thing of the box received by W. S. Wood, by Express. I never heard of any such box before Monday last. I have no idea whom it was for, what it contained, or what became of it. The bottle and pill box, before the Jury, were found in a chest, not locked—both Sarah and her mother could have access to it. Dr. Rattray said as a post-mortem examination might be ordered, I ought to preserve the clothes, in which Sarah and my mother vomited.

By Dr. Dickinson, through the Coroner—" I have not heard it said that Dr. Dickinson said they were poisoned so that he might hold an inquest, nor did I say so myself. I heard no remark made by Dr. Dickinson as to the odor of the matter vomited. My mother had attacks of the same kind, but not so severe, four times previously, within five years. Dr. Rattray attended her. She always lost the power of her right side in these attacks, sometimes for three weeks or more, but she was not always entirely unconscious. In the interval, between the attacks, she complained occasionally of giddiness, but not of pain, and seemed to be pretty well, considering. She always vomited in these attacks, as in the last fatal one, and would continue vomiting some time. I noticed very little difference between what Sarah and mother vomited. Sarah's was perhaps more ropy, but mother had nearly done vomiting when I arrived." Two of my brothers are subject to epilepsy.

By the Coroner.—" The cloths in which she vomited are still in the house in which she died—they have not been washed."

I did not see Dr. Dickinson examining my mother, he did not feel her pulse or do anything of that kind while I was in the house. He may have before my arrival. I saw him approach her bed ; his hands under his coat tails, he then said they vomited matter much alike, and walked back again to see Sarah. I did not hear him say anything about their being a peculiar odor from the matter vomited. I am positive that he

did not feel her pulse or clasp her hand, while I was in the house. I remained there after he left.

Mrs. W. S. Wood, re-examined, deposed;—I did not see Dr. Dickinson make any examination of my mother, he did not feel her pulse or lay a hand on her. I do not think Sarah had an abortion; I do not think she could have had without my knowledge for we were more than half of our time together, I threw the matter vomited out on the grass. I saw it in the morning; it was *all oatmeal* and the hens were eating it.

No. 1.

Dickinson's Landing, Nov. 23rd, 1858.

Dr. Hoyt, Syracuse.

Sir,—Will you be kind enough to send me a parcel containing the same articles you sent addressed to W. S. Wood, Cornwall, July last. I am very anxious to have it sent without delay, by Express. Address James H. Stewart, Inn Keeper, Dickinson's Landing Depot C. W., who will pay the charge on delivery. Now Doctor, I hope you will not refuse it on account of my not sending the money in advance which I certainly should have done, but did not see the lady for whom this medicine was intended only just long enough to find out when she obtained it and that it had the effect anticipated. If you feel doubtful in regard to the pay, direct the express company not to deliver it until all charges are paid. By sending it immediately you will relieve me of the greatest anxiety.

Yours, etc.,

Maria Howell.

No. 2.

Syracuse, Nov. 6, 1858.

Madam,—Your letter is at hand. Enclosed find medicine to bring on a miscarriage. Table as directions with it. If you have gone too long for the medicine to affect you, and you want an abortion produced, I have an *Instrument* that *I* use, that is perfectly safe and sure and will make you all right in 24 hours. You can come to me and stay a week and go home all right, or I will come to your place and use it. Ladies come to me from all parts of the States to have the *operation* performed.

Be so kind as to write me how the medicine affects you.

I am,

Yours respectfully,

Wm. E. Hoyt.

P.S.—Be sure and direct your letter to Wm. E. Hoyt, for there is others by the name of Hoyt in this City.

No. 3.

DIRECTIONS.

In cases of suppressed or painful menstruation take a teaspoonful of this Medicine 3 times a day, twenty minutes after eating. If it should produce nausea, it may be taken in half a teaspoonful of water. Soak the feet in warm water, and drink freely of Pennyroyal or Tansy tea, as warm as it can be drank. While taking this Medicine, the most suitable time for taking the "AMIE DE FEMME," is three or four days previous to the time for the periodical turns. Pregnant females are cautioned not to use the Medicine, as it will produce certain miscarriage. Shake the Medicine well before using.

WM. P. DUMAS.

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*To the Editors of the Montreal Medical Chronicle.*

GENTLEMEN,—In Dr. Bingham's remarks appended to Dr. Brow's account of his own illness, there is a reference to my experience of Dr. Kerr's medicine in dysentery.

The reference is chiefly to my sister's illness, which was so alarming, and the cure so wonderful, that I may be excused for attempting to obtrude my non-professional opinion of its merits upon your valuable journal.

My sister (a person of very general delicate health) was seized with diarrhœa in September last, which gradually changed to dysentery. In about a week the discharges became profuse and frequent, and I do not exaggerate when I assert that several exceeded half a pint of clotted blood in quantity. The profuseness of the discharges and their frequency brought on most alarming symptoms. The limbs were becoming cold, and covered with clammy perspiration; the pain was likewise intense, with frequent vomiting.

I could now only entertain the most serious apprehensions of a fatal termination to the disease, having often seen men under my command in India cut off by, in my opinion, less severe attacks, the efforts of the medical gentlemen too frequently proving powerless to arrest its progress. I had heard that the terrible and nearly uncontrollable dysentery of our army in the Crimea had exhibited the same characters as those now before me, viz., intense pain, and frequent discharges of blood.

Fortunately, I had some of Dr. Kerr's Medicine beside me, and at once gave a small dose—perhaps $3\frac{1}{2}$ grs., not more; relief speedily followed, which lasted a few hours. A second powder of the same size was again given, with a similar good effect. Gaining confidence from

the benefit, unalloyed with any mixiure of evil, I gave a third powder somewhat larger than the former, when the relief was complete.

It may be too marvellous to be credited, nevertheless it is perfectly true, that this alarming illness was cured by these three doses without any other remedy, except a gentle laxative a few days afterwards.

ROBERT CAMPBELL.

East Zorra, C. W., 1st March, 1859.

## REVIEWS.

ARTICLE XXX.—*A case of Aneurism of the Right Femoral Artery, cured by Digital Compression;* with remarks, and a statistical report of 22 other cases, treated by this method. By SAMUEL W. GROSS, M. D., chief of the Surgical Clinic of the Jefferson Medical College, Philadelphia. *Philadelphia:* J. B. Lippincott & Co. 1859. From the Author.

Dr. Gross here presents the reader with the narrative of an interesting case of Aneurism occurring in Scarpa's triangle, which he very successfully cured by compression, exercised by the fingers of himself and several assistants. This style of compression has in his words the following advantages over the same method when conducted by the assistance of mechanical contrivances, as the instrument of Carte, &c.; "it is quicker and less painful, it can be regulated better, and in some situation can be made to act upon the artery alone; it is applicable when apparatus is not, and in cases in which mechanical contrivances cannot be borne it can be used to excite a tolerance of the skin previous to their employment."

The total amount of time expended in the treatment in Dr. Gross's case was 45 hours and 55 minutes, The compression was steadily maintained for 41¼ hours from its inception, it was then intermitted for about 17 hours or a little more, and upon being resumed was continued 14 hours and 35 minutes longer. It was so applied as to prevent the blood from entering the tumor, with the exception of two hours during which a slight current was permitted to flow through its interior. The case was perfect, the issue most satisfactory. Dr. Gross, with much industry, has collected the histories of the various cases, which up to the time of the occurrence of his own, have been recorded. They number in all 22, and he has given a brief analysis of the leading features of each, which he appends for the information of the reader. The details also are interspersed with various explanatory observations tending to enrich materi-

ally the value of the communication. Dr. G. bids fair to prove a worthy successor to the deservedly honored Professor S. D. Gross, whom we heartily congratulate in having the enjoyment of so promising a descendant, upon whose shoulders may fall his distinguished professional mantle.

Dr. Gross concludes his remarks with the following propositions:

"I. Digital compression, uncombined with apparatus, was first attended with success in the hands of Dr. Knight; but to M. Vanetti is due the merit of having first introduced it into practice.

II. It has never been followed by bad consequences, and when not successful, it so modifies the tumor and the collateral circulation as to render a cure by the means almost certain.

III. It has been employed alone, either previous or subsequent to mechanical compression, in fourteen instances, eight being failures.

IV. In only seven cases have it been employed primarily and alone, and in all but two with perfect success.

V. When double and alternating, it has effected cures in every case, five in number, and therefore deserves special attention.

VI. In most of the cases the commpression has been total; but this is not necessary for a favorable result.

VII. It has effected cures, whether it was continued, interrupted, or intermittent; in some cases the patient applying the pressure.

VIII. When properly employed and continued for a sufficient length of time, and the cases are suitable ones, it can scarcely fail to accomplish a cure. Inguinal aneurisms are not fit cases for this procedure.

IX. It is less apt to give rise to inflammation of the integument, and has been borne when mechanical pressure has produced an eschar.

X. It can be used when apparatus has failed or is intolerable. In a majority of these cases, cures have been accomplished.

XI. In certain situations it can be made to bear upon the artery alone. It is far less painful and requires a much shorter time for a cure than any other method of treatment."

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## CLINICAL LECTURE.

*(From London Medical Circular.)*

*On the Operation of Puncturing the Bladder in aggravated cases of Retention of Urine.* By Fred. C. Skey, Esq., F.R.C.S., &c., Surgeon to St. Bartholomew's Hospital.

Gentlemen,—I have selected for practical consideration to-day a subject of particular importance to you as surgeons, one indeed that you will hereafter be liable to be called upon almost at a moment's notice to decide, and to decide, as I may say, in a manner that may involve the

question of the life or death of the patient; it is a subject too, if ever there was one, that involves matters of pure surgery, and nothing but pure surgery. The matter in hand is, therefore, eminently practical; it is useful rather than ornamental. I am not choosing something for you out of the common, such as tying a ligature on the aorta, an operation I hope you will never be called on to attempt, nor I either; nor is it resection of the acetabulum or knee with pathological autopsies and all the rest of it; no, it is the simple subject of tapping the bladder in retention of urine.

Now, you all know perfectly well what retention of urine means, so I need not go, as is customary, into any learned definitions, Perhaps, we will say it is "a condition of things in which there exists an inability of the bladder, to get rid of its contents;" that will serve for a definition as well as anything else. No one with his senses about him now confuses retention of urine and suppression,* so we need not dwell on the good old diagnostic marks of the books that you read on that point; then incontinence of urine, of course, we have nothing to do with.

Well, so much for that. I think if I read you the case, which forms the text, as it were, of the present lecture, you will be able to follow me better.

A man, aged fifty-two (in No. 8 bed), described as one of the better sort of cabmen, in rather good circumstances, was brought to the hospital in Christmas week. We are told by himself that, for a period extending over something like eighteen years, he had had slight symptoms of stricture, but prior to his admission to the hospital he never had had severe retention of urine, or anything at all like his present suffering from inability of the bladder to expel its contents. Well! the house-surgeon tried in vain to pass several instruments; warm baths and warm fomentations to the hypogastric region were tried; catheters of various kinds; small doses of opium; hyoscyamus, &c.

30th.—Attempts made with various catheters; he was ordered hot bath again, and to have tinct. opii 40 drops; the swelling of the hypogastric region is very considerable.

31st.—Twelve o'clock.—I ordered opiate enema of starch in a very small quantity, so as to be retained in the rectum, and about a drachm of tinct. opii. Two o'clock.—I saw him again and eight ounces of urine has come away under the relaxing effect of the opium, which was directed to be continued as well as the fomentations, &c. Eight o'clock.

* Suppression of urine means an interruption of the secretion of that fluid none being formed or discharged; examples of this affection were very common in the cholera of late years.

—twenty-four ounces had passed, and towards eleven o'clock thirty-one ounces had come away.

January 2.—You see I pass over a day here, during which the opiate treatment and the trials with catheters got free and fair play. I was sent for this day to perform some operation as there had been complete retention for twenty hours. It was now a question of performing perineal section, the operation known as Mr. Syme's, or whether we should puncture through the rectum. I decided on the latter, for reasons that I shall detail to you presently.

Whilst on the operating table some few ounces of urine trickled away, but as retention to such an alarming extent had followed the trickling of urine on the 30th, what guarantee had I that the bladder would not play the poor man the same trick again? I thought it better not to alter my scheme so I proceeded to operate.

The operation of puncturing the bladder through the rectum was performed; it is of course nothing as an operation, but the relief to the poor man was most satisfactory. An assistant makes slight pressure over the pubis; a curved trochar, with its point drawn within the canula, is kept exactly in the central line of the front portion of the rectum, and beyond the prostate pushed into the bladder behind the line of reflection of the perinæum. Well, so much for the case.

We read next, that on January 13 all went well. The urethra, in fact, has had a holiday, as Mr. Wormald calls it, and the man left the hospital all right.

Now, what is the nature of this case? Is it to be supposed the slight symptoms of stricture which he complained of prior to his admission to hospital, and which had continued for a period of something like eighteen years, had gone on slowly increasing up to the day of the sudden seizure of retention? No, I think we should be wrong to decide the question in that manner. You know very well that the uretha contains in its tissue underneath its mucous membrane a very considerable amount of muscular fibre. This I have recently had occasion to demonstrate for you. The quantity of urine passed by this man under the relaxing effects of the opium is evidence also of the fact of muscular spasm in a more homely shape. It is a fact now admitted by the best surgeons that almost all cases of stricture at a certain age, like that in this case, are spasmodic, depending on local irritating causes. This poor man had been probably making merry after Christmas, and had taken an excessive amount of gin or porter, followed by chills or wettings; perhaps if we said that almost all cases of stricture are partly organic and partly muscular, we should not be far wide of the mark

All this you must remember, qualifies the after-treatment most materially. Thus a man, with these unenviable shoals and quicksands in his urinary passages—we'll say Mr. X. Y. Z., who to-day allows a No. 6 or No. 5 catheter, but goes to-morrow—we'll say to a public dinner—where there is turtle and punch, and comes home in a damp cab, will not allow a No. 4 !—all according to the condition of the muscular layer of his urethra, and excess of drink he has indulged in.

These cases of retention vary exceedingly. If I were to divide them into classes it would be according to the "ages of man," as Shakespeare has it; first, the infant or young child, and the retention so peculiar to that age—the retention from congenital phimosis, or from stone in the bladder so familiar in hospitals; next the retention of early manhood—namely, that of spasm without stricture. A young man goes to a drinking party, or such places as oyster cellars, and gets intoxicated and chilled. The age after this is that of our patient in the present instance, aged 52; mark his own description: that for a period extending over eighteen years he has had slight symptoms of stricture without actual retention; he too makes merry, and drinks too much at Christmas. Then you have the combination of muscular or spasmodic and organic stricture and frightful retention of urine. Another class of cases are the inveterate strictures that go from hospital to hospital—poor patients who have had all sorts of chirurgical devices demonstrated on their perineum; then

"Last scenes of all
That ends this strange eventful history,"

we need only name the retention of old age from prostatic disease. This often takes the form of incomplete retention. The bladder in old people loses tone, its contractile power is lost, and the urine dribbles away in small quantities, and we have second childishness and mere oblivion !

I hear sometimes of enigmatical cases of stricture of an organic kind, the patient being 18 to 20; but you may depend on it that there is no such thing as stricture of an organic form at this age, except from direct injury of the perineum—as, for instance, a boy sometimes falls astride on a gate or branch of a tree, and injures his perineum and urethra; but there is no more reason to believe in organic stricture in a young man, aged 18, than that prostatic disease is common at 40; no, as a general rule, *par excellence*, the age for organic stricture begins at 30 and ends at 50, and spreads over these twenty years pretty equally.

*Treatment of Retention*—Ay, there's the rub ! What are you to do in cases of obstinate retention ? Your patients comes to you in the

deepest suffering; you feel the outline of the distended bladder over the pubes, even as far the umbilicus, or in private practice you are hurried away perhaps in the middle of the night, and find him at home. Various remedies having been tried and found of no avail, he is anxious for relief in any—the most speedy way; he is in the utmost torture; he thinks the viscus may give way; but this, I may say, seldom or never occurs in the popular sense. Well, you are all this time feeling the fluctuation of the abdomen and the distended outline of the bladder; but mark well, also, the age and previous habits of your patient, and that there is hot, dry skin, thirst, and accelerated pulse; you examine the perniæum: you ask what already has been done in the way of opiates, diuretics, &c. &c. You feel next in the line of urethra all the parts in front of the triangular ligament; if there be no induration of the corpus spongiosum of the urethra, and the age of the patient is favourable the case is not likely to be severe, and I should continue to press the catheter that you have been working with all this time steadily onward; you need not be afraid of lacunæ if you keep the instrument against the upper side or surface of the canal—*don't use force*—mind you manipulate properly; thus the point of the catheter may be stopped, not by a lacuna, but by a fold of mucous membrane doubled on itself as it were; in this case you draw forward the penis on the instrument and very probably it passes. I think it as well to say, however, that, notwithstanding all care and all our precaution, a false passage sometimes is made; thus I was engaged in a case once along with admittedly the first surgeon in the empire; the instrument was urged on by him, and a false passage made!

Chloroform—how about that! Some surgeons that I meet at the College are in favour of chloroform; my experience of anæsthetics I must say is small, but my experience of opium is large, and I would say try opium by all manner and means, especially opium in the rectum.

A double quantity of opium in shape of enema is to be used and thrown into the rectum with about two ounces of starch, not more. [By the way I use the term enĕma, not enēma, the second syllable is short not long; perhaps I should apologise to my friends who know their Greek, but Archdeacon Paley is known more for his one false quantity than all his sermons.] If the enema acts and you foment the bladder, the patient will go to sleep, and then when he wakes up it will be perhaps to pass some water or to allow some further progress to be made with the catheter. If you fail in everything as in this case last Christmas, what are you to do? I believe you have no other resource but to puncture the bladder. There are, of course, three modes in which this may be

effected, viz., through the membranous portion of the urethra, through the rectum, or above or through the os pubis. The operation above the os pubis is out of the question, though Mr. Abernethy rather liked it, and bungled the perineal performance; then there is the "perineal section," as it is called, adapted to obstinate stricture cases, and there is what I conceive is the best operation of the lot—the operation of puncture of the bladder through the rectum; for mind you, the object you must have in view is to relieve the bladder by the speediest method, not to cure the stricture; nay, more, there is no doubt that if you at once relieve the *vis a tergo*, you in the same measure tranquillise the part of the urethra at the seat of the stricture, you leave the track of the urethra, in fact, through your puncture through the rectum, in a better condition for dilatation by instruments. Sir C. Bell and Sir Astley Cooper thought highly of an operation which consisted of an incision into the dilated membranous portion of the uretha; but we are now concerned with what I think the best operation, that through the rectum.*

Now, in the present case I punctured through the rectum, and for this reason, which I wish you to note particularly. I punctured through the rectum *as this is the best operation where there is no old standing stricture present of an organic kind, but if organic stricture be present then Syme's operation is the best.* I punctured the bladder, in short, as for a period of eighteen years the man did not suffer very much from his symptoms, and if the urethra and its muscular and mucus track obtained rest for a fortnight. I had every reason to hope it would, at the expiration of that period, resume its healthy tone, or at least that we could resort to the use of bougies (the most approved plan of treatment), with a fair share of success. Now see the difference; if this man had old organic stricture, of a bad kind, with frequent fits of retention, induration in the track of the urethra, in front of the triangular ligament, &c. &c., what promise could I hold out to him that he would not be again seized with "retention" as soon as he left the hospital by a mere puncture through the rectum. No, here we must fall back on the operation brought favourably into notice by Mr. Syme. The curative plan I have adopted in this case, I may say in conclusion, is one of the simplest in surgery; you must take care only to keep in the mesial line of the rectum; the bladder in these cases bulges down. If my eyes were blindfolded I

* A man appeared in the out-patients' department recently at St. Bartholomew's, to have a catheter passed; he seemed in excellent health, and showed the mark where he had been operated on at the os pubis many years ago, by Mr. Earle. Mr. Abernethy once tried this operation, but the trocher did not enter the bladder at all!

could tell the feel of the distended bladder beyond the postrate; take care not to let the canula slip out as you must puncture again if it does.* Mr. Cock and Mr. Hilton, of Guy's, two most able surgeons, strongly recommend this operation. I entirely endorse their statements. Keep the patient's bowels free, and a clever nurse can manage to keep the canula in the rectum all right during defæcation; things improve wonderfully in the peccant parts of the urethra.

While the bladder is relieved through this artificial channel this is your time to try the plan of Sir B. Brodie, the best of all plans, in place of iron tubes and guides. I mean the plan by a seven or six wax bougie to dilate the urethra. Hold the bougie at first in contact with the stricture; then twenty-four hours after try it again and you find it goes down farther and farther. I don't know anything of chloroform in these cases† but you may adhere, as we did in our patient, very firmly to the wax bougies; for when he left the hospital the report says a No. 9 instrument was readily passed. I hope the gentleman who drew up the case with such graphic skill, zeal, and assiduity will excuse me if I say that this was rather overshooting our mark in these times of long-range guns. I would have been better pleased with a No. 7 or No. 8; I should be afraid that a No. 9 would distend the urethra a "leetle" too much: for mind you when the man came into hospital we could not pass any instrument at all, even the smallest. No doubt his urethra has once more recovered its tone and is now in a better condition than if we had rushed at hazards to open it by PERINEAL SECTION.

## THERAPEUTICAL RECORD.

*Perchloride of Iron.*—M. Vigla relates a case of very obstinate catarrh of the bladder, brought on by the permanent retention of an instrument in this organ, when the subject of paralysis. Various means had been tried without mitigating the affection, which also now had become complicated with severe hemorrhage, and all its attendant ill effects. Very speedy relief soon followed

* This occurred at St. Bartholomew's, in the practice of another of the surgeons; it is a very awkward accident. The patient died with the punctures in his bladder.

† In a case of bad stricture of this kind last month at University College Hospital, Mr. Erichsen after failing in all sorts of instruments, as the stricture was very tight and perceptible in the pernieum, placed the man well under chloroform, which is his usual custom; the stricture was then relaxed but very slightly. A straight urethrotome (not Civiale's, which did not answer) was next passed easily into the stricture, a notch made, and this able and indefatigable clinical teacher had the satisfaction of passing down a No. 8 before the man left the table. The whole thing did not take five minutes.

the use of the perchloride of iron, in doses of a spoonful twice a day of a mixture composed of 12 parts of the perchloride to 250 parts of water.—*Journal de Pharmacie.*

*Argenti nitras in oxyuris vermicularis.*—By D. C. H. Schultz.—The author ordered enemata of argent. nitr. crystal. grs. x-xv., to aq. distil. ℥ iv., and cured his patients with two or three injections of this kind, completely, and without trouble. The first injection does usually not remain long, and with it many partly dead, partly live worms, are discharged. The subsequent clysters, however, remained six to twenty-four hours, and a great number of dead worms were evacuated with them.—*Deutsche Klinik.*

*Cerate of Opium in Carbuncle.*—By Dr. W. Von Gutzeit.—A cerate containing one-half drachm of opium to two ounces of simple cerate, is spread thickly upon linen, and applied to the swelling and its neighbourhood. This application diminishes pain quickly, generally in about half an hour, hastens suppuration, the detachment of the slough, and the cicatrization of the suppurating surfaces, and ameliorates the general condition of the patient. No medicine was given internally. The opiate cerate can be used at any stage of the disease, and its curative effects seem to surpass that of every other known remedy. —*Medic. Ztg. Russel.—Schmidt's Jahrbücher.—N. Y. Med. Chir. Rev.*

*Dental Neuralgia.*—Acetate of morphia 1½ grains, acetic acid 2 drops, and eau-de-Cologne ʒ ij. M. Balloy states that a little of this mixture placed in the ear in cotton, in the ear on the same side as that in which the dental neuralgia prevails, is of remarkable efficacy.

*Croton Oil as an Epispastic.*—M. Von Bastelaer, of the Antwerp Military Hospital, has contrived the following formula:—Recent lard 22, white wax 2, and croton oil 6 parts by weight. Melt the wax and lard by a gentle heat, and rub up in a heated mortar until the mass becomes cool, and then mix in the oil intimately. This pomade proves very useful when the influence of cantharides upon the urinary passages is feared.—*Bulletin de Therapeutique, tome* 55, *p.* 415.

*The Electric Cautery in Obliteration of the Nasal Canal.*—Dr. Restelli states that he has found cauterisation by electrical heat an effectual remedy in several cases of obstruction of the nasal canal which had resisted various modes of treatment, the cure being both rapid and durable.—*Annales d'Oculistique*, tome xl., p. 91.

*Camphor Ice.*—This substance, which is a very delightful thing to rub on the exposed parts of the person, to prevent chapping and sores from cold, is made as follows:—Take one pound of almond oil, one pound of rose water, one ounce each of wax and spermaceti, two ounces of camphor, and one ounce of rosemary. Melt the camphor, wax, and spermaceti in the oil by a gentle heat, then add the rosewater, stirring briskly or rubbing in a large mortar, and lastly, the perfume. The consistence may be varied by increasing or diminishing the proportion of wax and spermaceti.

*Solution of Sulphate of Quinine.*—A correspondent suggests that the want of exactly proportioning the sulphuric acid to the quinine to be dissolved, is sometimes a source of mischief, owing to the excess of acid present; and he proposes that other acids of a more inoffensive character should be employed. Thus, citric acid will effect the solution of an equal weight of quinine.—*Rev. Med. Aug.*, p. 247.

## PERISCOPE.

*Relative value of the different Anthelmintics in the Treatment of Tænia.*—Dr. Peacock states, that as a general result of his experience, both in public and in private practice, he prefers the oil of male fern to all other remedies, and that he holds the kousso in very light estimation indeed. It appears that of the hospital cases respecting which notes have been preserved, the fern oil was given in thirty five. Of these, in sixteen no other remedy had been previously tried, and in this group the result was always satisfactory, the animal being expelled in a dead or dying state. In seven cases the oil was given after the partially successful use of kousso, and in all these more of the worm was brought away. In three, after partial success by pomegranate bark, the oil brought away other portions of the parasite, and in one a like result was obtained after the use of the turpentine draught. In six cases in which the oil was used, either the result was not satisfactory, or the patient did not attend again. The dose of the oil given was from half a drachm to a drachm and a half to children, and from a drachm to three drachms to adults.*

The cases in which kameela was given are seven. In five of these no other remedy had been previously tried, and in all these, portions of worm (generally quite alive) were expelled. In one, the expulsion of worm was caused after kousso had been tried without effect, and in the fifth, which was under similar circumstances, a like negative result followed its use also. In two cases, after the successful employment of the kameela, the oil of fern was employed without procuring the expulsion of any more of the worm. The dose of kameela prescribed was from half a drachm to a drachm for children, and from one to three drachms to adults.

It would from the above facts appear, that kameela is more efficient than kousso, but that it must rank as a vermifuge rather than a true vermicide. After the fern oil the animal is usually voided dead. An important statement with regard to the comparative value of kameela is made by Mr. Henry Callaway, formerly of Finsbury-circus, but now a medical missionary among the Zulus. The kameela is the native remedy among the Aborigines ; but in a letter to the *Pharmaceutical Journal*,

* We are informed that great care is necessary on the part of the dispenser, in order to avoid disappointment on the use of the oil of fern. Its etherial solution, which is by far its best preparation, of standing, deposits its resinous principle. A prolonged shaking is necessary to secure readmixture. Unless the dispenser pay more than usual attention to this matter, the patient is very likely to get a dose which is but little more than ether.

Mr. Callaway states, that from experience they have learned already to put much more confidence in "the white man's dose." The latter consisted in turpentine and castor oil, the time honored remedy among ourselves. We are not able from Dr. Peacock's cases, to institute any comparison between turpentine and the fern oil, and can only state that we believe he is supported by several other hospital physicians who have given much attention to this matter, in maintaining that the latter ought to stand *facile princeps* among our anthelmintic drugs.

As regards the economics of the question, which are important in hospital and Union practice, it will, of course, be easily granted that all things considered, the most efficient remedy will probably in the end prove the cheapest. A dose of castor oil and turpentine, undoubtedly, costs far less than any of the others. Next to it comes the kousso, which has as rapidly fallen in price as it has in general estimation. The kameela is, as yet, rather expensive, though not nearly so much so as the fern oil. A full dose of the last costs eight-pence, of the kameela about four-pence, of the kousso three-pence, and of the turpentine and castor oil not more than three half-pence.

Kuchenmeister, in his *Manual on Parasites* (Sydenham Society's edition), writes of the oil of turpentine, as follows: "As has already been remarked, the touchstone of a remedy for tapeworm is not whether it expels *bothriocephalus latus* or *tœnia solium*, but whether it is also capable of effecting this with *t. medio-canellata*. That oil of turpentine is efficacious in the latter case, I can prove at any time; for the finest specimen of *tœnia med.* that I ever saw was expelled by it. In general, also, it acts pretty rapidly. Lastly, it has also the advantage, that it expels the worm entire." Of the kousso he writes, "For my part, I have always been more or less unlucky with this remedy . . I have generally seen the worm expelled in innumerable fragments. . . . . I have never found the head. In one case I detected fragments in the evacuations for three months." Professor Martius, of Erlangen, who has also used kousso largely, never saw the head brought away. Of the male fern. Kuchenmeister states, "This remedy, which will always maintain its renown against the *bothriocephali*, appears hardly to maintain its reputation with regard to tænia." The kameela he had of course not tried.

Of the desirability of having the intestinal canal as empty as may be before giving anthelmintics, most practitioners are aware. To administer them fasting in the morning is usually thought sufficient, but in cases where difficulty has been encountered in destroying the animal it may be well, as an introductory measure, to give it a sharp purgative.—*Med. Times and Gaz.*, Nov. 6th, 1858.

*Tartar Emetic in Large Doses in the Treatment of Chorea* by M. Gillette. In the session ot March 6th, 1858, of the "Société Médicale d'Emulation," M. Gallard mentioned a thesis of M. Bonfils on the use of tartar emectic in large doses in the treatment of several cases of chorea. As the facts reported in the essay of M. Bonfils had been observed in the service of M. Gillette, the latter was requested to explain to the Society his mode of treatment. It is the following:

For the first day he prescribes ten centigrammes of tartar emetic, which the patient takes from hour to hour. In the course of the day vomiting generally supervenes; if it becomes too frequent, the medicine is taken less frequently, or is entirely suspended. On the second day he prescribes twenty-five centigrammes; this produces, perhaps, some vomiting still. On the third day, thirty centigrammes; this is generally *not* attended by vomiting or purging. After this period, three or four days rest. There is already an improvement, and a perceptible amelioration of the disease. In exceptional cases, the cure is obtained thus early. The patient is subjected to the same treatment for another period of three days, during which M. Gillette prescribes progressively, twenty-five, fifty, and seventy-five centigrammes of tartar emectic. This period is also followed by three or four days of repose, after which the dose of the medicine is pushed to thirty, sixty, and one hundred grains. The improvement is such, that no disorderly movements are any more perceived. The case may then be confirmed by ordinary means, particularly gymnastics and sulphur-baths; but this is a precaution dictated more by custom than necessity.

Since the thesis of M. Bonfils, several new facts of cure have been observed. The use of tartar emetic in the treatment of chorea has afforded to M. Gillette actually thirty-seven cures and only one failure in thirty-eight patients submitted to his observation. The author's attention in the administration of the medicine is particularly directed toward establishing, as soon as possible, a tolerance of the remedy; perturbation of the system, by producing the violent physiological effects of the emetic, should be avoided. The chorea disappeared progressively, and the sooner, the more intense the affection had been.

M. Brienne de Boismont reports a case cured in five days by the method of M. Gillette.

There was nothing said of the local action of tartar emetic on the mucous membrane, and it is well known that the prolonged influence of the medicine has some inconveniences.—*Union Médicale*, June 12th, 1856, and *North Amer. Med. Chirur. Review.*

*The Cessation of the Elimination of Odors a sign of Bright's Disease.* —M. De Beauvais read a paper on the "Deficient Elimination of Odorous Substances through the Urine in Bright's Disease," at the meeting of the Academy of Sciences, October 25th, from which we take the following conclusions:

"Odorous substances, fixed or volatile, do not pass by the urine in confirmed cases of Bright's disease, so long as the coloring matters are eliminated. Since 1849 I have continued my experiments with the juice of asparagus, or with the essence of turpentine. I have repeated them, without interruption, on a great number of subjects, at different stages of albuminuria, in the service of Prof. Rostan, during my residence as *interne* in Hotel Dieu, in 1854, '55, and 56. In the convulsions of children, as in those of pregnant and lying in women; in scarlatina complicated with anasarca; in diseases of the brain; in neuroses; in paraplegia with lesion of the genito-urinary organs; in organic affections of the heart, liver, lungs, kidneys; in purpura, scurvy, diabetes, fevers, phlegmasiæ, diseases of the skin; in the principal cachexiæ, and cholera, I have easily determined, by the aid of this particular sign, if albuminuria was connected with the existence of lesions belonging to Bright's disease. Indeed, I repeat the fact that the suppression of the function of eliminating odors does not take place, except in this affection exclusively. It is constant, absolute, incurable. The following example demonstrates this:

"In a man attacked with Bright's disease, whom I treated for five years, I never saw the passage of odors reappear in the urine, in spite of the general dropsy and the notable diminution of the albumen, and the real amendment of the constitution.

"*Deductions.*—Albuminuria may, then, in these cases, cease for a longer or shorter time, but the passage of odors is never reëstablished—a capital fact, which demonstrates the persistence of the lesions, and the impossibility of the radical cure of Bright's disease. The autopsies made at Hotel-Dieu sustain us in stating that this functional trouble coincides almost always with anatomical lesions of the second stage of Bright's disease. In a pathological view, the suppression of this curious function, observed exclusively in Bright's disease, proves the speciality of this affection, and the morbid changes which are peculiar to it. In a physiological view, this abolition of elimination of odors confirms the importance and the nature of the *rôle* of the cortical substance, in the secretion and elaborating of the urine. In regard to prognosis and therapeutics, this particular sign reveals at once the gravity and fatal incurability of the confirmed disease.

"*Conclusions.*—With these premises, I lay down the three following

propositions: 1st. The deficiency in the elimination of odorous substances by the urine is an exclusive sign pathognomonic of Bright's disease. 2d. This new sign, well ascertained, confirms, at the first view, the value of the symptom, albuminuria, the degree and the nature of the corresponding anatomical lesion. 3d. In default of albuminuria, a capital symptom, or of characteristic dropsy, the absolute suppression, incurable from the passage of odors in the urine, imposes on us at once the diagnosis, prognosis and treatment.—*Cincinnati Lancet and Observer.*

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*On the Suspension of the Radial Pulse in Forced Extension of the Arm.* By Dr. A Verneuil.

The suspension of the radial pulse is always observed when the extension of the forearm on the arm is actively or passively exaggerated. The difficulty experienced in exploring the ulnar artery does not allow an explicit statement in regard to the suspension of its pulsation. The anatomical dispositions harmonize with direct experience, so as to prove that in forced extension the arteries of the forearm and hand receive but little blood. In this position the aponeurotic expansion of the biceps and the brachialis anticus press the humeral artery against the convex projection formed by the coronoid process of the ulna; the artery is thus flattened for a length of about two centimetres, and, according to the experiments of M. Verneuil, this phenomenon must take place in a great number of physiological movements, particularly in mechanics—a fact which may serve to explain the predisposition shown by the termination of the brachial artery to the spontaneous arteriectasis. This fact could also be made use of as a means of arresting the flow of blood in cases of arterial hemorrhage from wounds of the forearm, when there is no assistant present to compress the humeral artery.—*Journal de Physiologie —Archives Générales—N. A. Med. Chir. Rev.*

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*On the Treatment of Inflammation by Digital Compression.* By M. Vanzetti, Professor of Clinical Survey in the University of Padua. (Giornale Veneto di Scienze Mediche.)

From the success which has attended the treatment of aneurisms by manual compression of the arterial trunk, M. Vanzetti was induced to apply the same method to the treatment of the inflammation, in those cases where the artery leading to an inflamed limb is accessible to the finger. He has several times had recourse to digital compression of the femoral, brachial or subclavian artery in cases of phlegmon, arthritis, and inflammation of the fingers, and he has obtained such decided effects by

this treatment, that he has adopted it in all cases where it could be practiced. Although this method is of course only applicable in certain cases, yet it is found that compression will not only quickly cure incipient inflammations, but even when the inflammatory process has made some progress, it may be arrested by a patient and preserving use of the same means. This plan of digital compression had been already proposed theoretically by some authors, but it was never employed by any of them, and it had fallen into oblivion. They have also proposed the use of instruments for the purpose of compressing the artery, without at the same time interrupting the venous circulation, but M. Vanzetti recommends that manual compression should alone be used, as being preferable to all others. Although this method of compression presents some difficulties in its performance, it is only because one or two persons are sometimes required to apply it exactly; the surgeon ought, in urgent cases, to make compression himself for two or three hours; this period will sometimes be sufficient to diminish sensibly the acuteness of the inflammation, and thus to save a seriously diseased limb. Most frequently the patient can himself perform the compression of the femoral, or the humeral, or even of the subclavian artery in cases of very considerable swelling of the arm; he will be able very easily to continue the compression for eight or ten minutes, and then to leave off and recommence after he has rested. These short intervals present no obstacle to the desired effect

M. Vanzetti records two cases treated by digital compression in the hospital at Padua. The first was a severe case of phlegmonous erysipelas of the left arm, and the second was one of acute arthritis of the right wrist. In the first case the limb was enormously swollen, and a thread was placed around it to measure any change in its dimensions; digital compression was exercised on the subclavian artery for fifteen continuous hours, after which, there was decided relief of the disease and diminution of the swelling, and although there was subsequently extensive suppuration, yet the patient recovered completely. M. Venzetti thinks that suppuration might have been prevented if the patient had come earlier under treatment, as he was advised to do, the second case was one of arthritis, and was treated by compression of the brachial artery, which was performed sometimes by the pupils of the hospital, and sometimes by convalescent patients, properly instructed. The pain and swelling of the joint were distinctly relieved, and the patient entirely recovered without the adoption of any other treatment whatever. In this case the patient was able to distinguish whether the compression was properly or improperly practiced by the amount of relief which he experienced.

*The late Dr. Marshall Hall's Proposition for a New Operation of Lithotomy.*

To the editor of the Lancet—Sir—In the "foreign department" of your valuable journal I noticed a proposition made by M. Valette of Lyons, for a new operation for the removal of vesical calculi, which he called the hypogastric operation; and he narrated several cases in which it had been successfully performed by him. Whatever may be the ultimate influence of this proposition of M. Valette on the present practice, I feel that an interest is now attached to the subject from the fact that my friend the late Dr. Marshall Hall held, in the month of June 1855, as nearly as may be the same views as those lately advanced by M. Valette. A copy of the lettre cachetée, which Dr. Hall told me had been deposited in the institute of France, has been kindly procured for me by Mrs. M. Hall from M. Flourens of Paris, and I enclose it to you. I feel sure you will agree with me, that the document is of sufficient interest to be published in your journal.

I am, sir, your ob't serv't,

Frederick Wildbore, F. R. C. S.

*Brighton, Dec.* 1858.

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*Ulcers of the Legs, not of a Syphilitic Character; Exhibition of Potassium; Cure without the Assistance of Rest.*—Every method of treatment directed against diseases frequently observed in the laboring classes, and which does not compel them to interrupt their daily occupations, deserves favorable notice. Thus Baynton and Ph. Boyer rendered a great public service in discovering and propagating the treatment of ulcers of the legs by the application of straps of adhesive plaster. This very year we saw the late Ph. Boyer, but a few months before his death, apply this method which Roux imported from England in 1814. He began by cauterizing deeply the sore with lunar caustic, and then with straps of plaster about an inch in breadth, and six or eight inches longer than the circumference of the limb, he covered the ulcer with a series of imbricated rings, the uppermost of which reached about an inch above the sore, and the lowest strap as far below. A roller or an elastic stocking was afterwards applied to the leg and foot, and was preserved night and day. The apparatus was removed after forty-eight hours and subsequently at irregular intervals whenever the patient complained of pain. Since the year 1832, when Ph. Boyer proposed to the *Conseil général des Hôpitaux* the adoption of this method, and also that individuals, bearing ulcers of the legs, should in future be treated only as out-door patients, the duration of the treatment has been on the average

26 days. In the wards of Professor Roux and Velpeau, where this method was adopted, and moreover the patients kept constantly in bed, 15 days was the mean average of the same treatment. It is, however, a fact proved by observation, that the cicatrix in the first instance is stronger, more supple, and resists better than the scar formed while the patient was confined to his bed. Boyer's treatment leaves therefore few chances of relapse, and further, the invalids are permitted to walk, a two-fold advantage which cannot be too highly appreciated in the case of indigent persons.

However, if Baynton's method is in many instances productive of beneficial results, it occasionally fails even in cases which are under no specific influence: it is therefore useful that the surgeon should have at his disposal some other means possessed of the same advantages, and, according to two respectable practitioners of the City of Nantes, Drs. Tigé and Trastour, iodide of potassium supplies the required desideratum.

In a recently published paper, Mr. E. Trastour states, that for the last ten years Dr. Tigé has been in the constant habit of exhibiting iodide of potassium for the treatment of the ulcers of the legs, without once having failed in obtaining a cure. The author estimates at upwards of 20 the number of patients who have recovered in spite of the most adverse circumstances. The following is a specimen of the cases recorded in Mr. Trastour's publication:

A husbandman, aged 55, was affected for ten years with an ulcer situated on the internal surface of the lower half of the left leg; the sore was broad, its fundus was of a purple hue, its depth 5 lines, the secretion sanious and reddish; the skin around it was tumefied, and covered a vascular network of varicose veins which extended as far as the foot. On April 26th, Mr. Tigé prescribed from half to three-fourths of a drachm of iodide of potassum daily, fomentations with the decoction of wall-nut tree leaves, and pressure with a linen roller. On May 8th, the ulcer was almost healed, but the skin being still tight, red and shining from the foot to the middle of the leg, the treatmentw as persevered in, with the addition of linseed-meal poultices. On May 22nd, the wound was entirely cicatrized, and the patient, who during the whole time of the medication had not interrupted his agricultural labors, walked eight miles, without the least pain, for the purpose of exhibiting his leg.

Mr. Trastour relates seven or eight equally satisfactory cases which occurred in his own practice. He further remarks, that the method towards which he calls the attention of the professors prevents in no wise the application of topical remedies, which alone in numerous cases

are sufficient to insure success; but the facility, speed and solidity of the cure due to iodide of potassium, united with external applications, in cases in which the latter would have been inefficient, seem to him unquestionable.

The doses in which Messrs. Tigé and Trastour exhibit the drug, are from ½ a dr. to 1 drachm daily; in severe cases, Mr. Trastour has given as much as 1½ dr., a quantity he has never exceeded. He prescribes it in water, a tablespoonful to every ¼ of a drachm before meals. When the medicine is prescribed in large quantities, 2 ounces for instance at a time, the apothecaries at Nantes have consented to sell it at the low price of two pence a drachm to poor persons. On the average, the cost of the treatment is from one penny to three-pence daily during a month or two, a very moderate expenditure, when it is further considered that the patient, not being reduced by inaction, is enabled to earn his livelihood.—*Journal of Practical Medicine and Surgery.*

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*Of the Treatment of Organic Strictures of the Urctha by Iodide of Potassium.*—Dr. Thielmann, surgeon of one of the hospitals of St. Petersburgh, has utterly relinquished the last thirteen years the use of the mechanical means habitually employed for organic strictures of the urethra, which he treats exclusively by iodide of potassium. This medication has perfectly succeeded in 27 cases of stricture presenting a great diversity with respect to seat, extent, structure, etc. With the greater part of the patients a more or less copious gonorrhœal discharge was present at the same time. The oldest strictures were of two years' standing, the most recent of eight months. With a great number of subjects, bougies Nos. 2, 3 and 4 could be introduced without much difficulty; with two individuals a bougie No. 1 could not penetrate in consequence of the tortuous direction of the passage. The stricture had already induced a dilatation of the membranous portion of the urethra situated behind the obstacle. The seat of the strictures treated by Dr. Thielmann, was sometimes the spongy portion of the urethra in the vicinity of the bulbous portion; at other times this latter portion itself. They occupied in three cases the membranous portion; in none the fossa navicularis. On exploration, when such was possible, the strictures generally presented themselves in an annular or semi-annular form. In some patients they seemed to be composed of irregular scars, of variable shape, which could be felt by the surgeon touching externally the course of the urethra. They had all, without exception, a callous consistency.

Mr. Thielmann exhibited to each of his patients three tablespoonfuls a day of the following solutum :

R—Potassii Iodidi..... 2 dr.
Aq. destill..... 5½ oz.

He prescribed a rigid milk diet, permitting amylaceous food. When any iodic symptom manifested itself, he diminished the dose until the patient could bear a stronger one. Iodide of potassium regularly produced the effect of determining a gonorrhœal discharge, if it did not previously exist, or of increasing it, if it was already present. As the discharge took place, a softening, a melting, as it were, was effected in the inodular tissue, which constituted the stricture, and the stream of urine returned by degrees to its normal dimensions. The duration of the treatment varied from a fortnight to two months, according to the degree of the coarctation. It was sometimes requisite momentarily to suspend the use of the iodide of potassium, in order to avoid the accidents that might be superinduced by its protracted use. When the inodular tissue of the strictures was felt externally, Mr. Thielmann ordered, in addition to the external use of the iodide of potassium, frictions along the part of the penis corresponding to the urethra with an ointment composed of

R—Potassæ iodid..... 1 dr.
Adipis..... 1 oz.

The gonorrhœal discharge for the most part ceased spontaneously When it was persistent it was treated by the ordinary means.—*Med. Zeitung Russlands—Journ. Pract. Med. and Surg.*

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*On Hospital Gangrene.* By M. Maupin. (Mémoires de Médecine Militaire, tome xx., p. 368.—This paper is the result of M. Maupin's observations upon hospital gangrene as it appeared in the French army of the East, in which it committed frightful ravages. In reference to the conditions under which it may become developed, M. Maupin observes that overcrowding of patients has usually been considered a necessary condition of the production of the disease; but that at the hospital into which the Russian embassy was converted at Pera, and which united every condition of salubrity—and among these ample space—gangrene broke out amongst the wounded officers seven days after the arrival of eight others severely wounded, the wounds of the preceding occupants having been slight. Still, the gravity of the disease will generally be found to be proportionate to the amount of vitiation the air has undergone. The disease may indeed arise even in the open air when there is a considerable agglomeration of wounded soldiers, examples of which occurred to the author in Algeria. Overcrowding may be only relative, and a given number of patients that in

the time of peace may be advantageously treated in a hospital, will in the period of war give rise to hospital gangrene. Not only do the numbers of the patients, but the gravity of the cases and the constant succession of such cases, increase the hygienic exigencies. The rule is, that the wounded soldier requires space and air in proportion to the graivty of his wound; and when hospital gangrene is once set up in a ward, the dispersion of the subjects of it is a measure alike beneficial to themselves and the other patients. As long as the medium remains unchanged, the treatment is but tentative, and the results are uncertain.

In order properly to appreciate the instability of the results of treatment, we should bear in mind that, if epidemic hospital gangrene may be an essentially local affection, it is frequently during a campaign, but the expression of a general modification of the economy, of a true intoxication, the energy of which, intimately dependent upon the salubrity of the locality, and the number and nature of the wounds treated therein, is increased or diminished, revived or extinguished, with the increase or diminution of the number of the patients, with their agglomeration or dispersion. Means which in isolated cases of gangrene may act heroically—as the actual cautery, sulphuric acid, perchloride of iron, and in milder cases, citric acid, carbon, iodine, etc., are in the epidemic form either powerless or only of temporary benefit. It is this which explains the differences of opinion that prevail treatment of this disease.

In respect to the local affection considered separately, we must recognize an acute and a chronic form, a distinction of importance as regards treatment. The acute form is denoted by the conversion of the tissues into a pulpous or putrilaginous magma, and which, as soon as the destructive process is arrested, becomes detached through a series of eliminatory processes. The ulcerative is the chronic form of the disease. The putrilaginous form is almost always primary, and is found almost exclusively in recent wounds; while the pulpous form, though often also primary, is also often met with in old wounds, and it does not pursue the same rapid and destructive course as the putrilaginous form. The ulcerative form is almost always consecutive to the two other forms, appearing especially in the case of old wounds, or after amputations these have necessitated. In the putrilaginous and pulpous forms the most appropriate measures are those which hasten the separation of the parts affected, and stimulate the reparative process. Of these, the actual cautery, sulphuric acid, and the perchloride of iron occupy the first rank. In an hospital in which there are at least 300 cases of hospital gangrene at the same time, the application of the actual cautery is made with difficulty, while, although it is just as painful as the other

means, it does not adapt itself so readily to all the situations, forms, and depths. The sulphuric acid has been found by the author preferable to it and to the nitric acid, while other practitioners give the preference to the perchloride of iron. The eschars once separated, styrax and aromatic wine proved the best of topical applications; while, when cicatrization was delayed, or there was a tendency to substitute ulcerative form, citric acid, camphor, cinchona and carbon, tincture of iodine or nitrate of silver, and if necessary, nitric acid, imparted a new and favorable impulse to the cicatricial process. The formation of a crust or magma on the surface of the sore by means of some of the above powders has been found to encourage the healing process, and to diminish the patient's sufferings. For the chronic form the perchloride of iron is better adapted than the sulphuric acid. But let the local measures employed be what they will, success will be impossible or transient, unless the general conditions and the necessity of removing the patient from the infected medium be borne in mind.—*Br. & For. Chair. Rev,*

*Tears containing Sugar.*—Dr. Gibb showed to the Pathological Society some tears shed by a young married lady, aged 21, the mother of one child, who has had diabetes for two years since the child was weaned. They contained a large amount of sugar as contrasted with that in an equal bulk of her urine, which was of the specific gravity of 1043. An evaporated drop of the tears on a piece of glass gave a much thicker and more opaque crust than was yielded by a drop of the urine. —*Medical Times and Gazette*, July 3, 1858.

# The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS, DIGNITATEM ARTIS MEDICÆ TUERI

Motives to study.—Of the ostensible motives to acquire the medical profession, it is to be lamented that many are of a most unworthy kind. The parent, who numbers in his family circle many members, may, in his anxious concern for the future prosperity in life of each, feel an inward temptation to decide without reference to the inclination or choice of any. In possession of domestic rule, he fixes his determinations, and proceeds to give them, when the suitable time arrives, their proper effect. Without realizing whether there be in his child an adaptability or not to the end in view, he summarily measures his course. He takes a wordly-wise view of the transaction, and does that which, he believes, will bring most elevation to his relatives or the largest riches to

his offspring. Unaided by any other influence, the issue must be a miserable failure. No young man will acquit himself creditably in any calling into which he has not engaged "con amore." Unless he has a preference himself, no father's constraint, nor mother's persuasion, will deprive his studies of a toilsome character. Learning to an extent may be acquired against his will, but, shallow or indifferent as at best it must be, it will make no lasting impression on his memory. In after years should circumstances,—doubtful though the opportunity must be—present him with the occasion of entering upon practice, he finds no satisfaction in its engagements nor pleasure in his duties. He retires from the contest disturbed and discontented; experiencing, with deep bitterness, the overwhelming conviction, that he is in a pursuit for which he was never fitted.

Again, it is no effort of the imagination to say, there may be those who, having entered the threshold of medicine, governed by different reasons, continue with perseverance therein and feel no other excitant to their attendance upon lectures or closet studies than the solitary ambition of a successful examination. This dreaded ordeal has early begun to seize their apprehensions, its tests are magnified because the creations of fancy are uncorrected by a final attestation, and it soon gains the entire exertions of the mental abilities in its behalf. It is not to be denied that such an object is laudable,—but as, with the motive in the antecedent instance, it is praiseworthy only to a certain extent, like it, approval can only be extended by knowing the propriety of concomitant conditions and, here as there, the error is one of engrossment. To one in such a case, we say he may, he probably will succeed. His aim will be attained as far as appearances go, but there will be no soundness nor sterlingness in him. His impelling motive has called forth learning, for the most part, of minute details and descriptive lessons which he will find have, unaided, made him only scientific;—the acquisition was a work of necessity, and the burdens it has reaped will, moreover, unless preserved by force, separate spontaneously; in after life, the only incitement to knowledge will be removed, and further progress may most likely be unsought, uncared for, and untried; while retrocession into the dark mists of uncertainty or the unenviable regions of ignorance will, naturally, be facile in the extreme. No student who is thus actuated will be deeply read. His books are found to be few and the most popular of the common class called manuals, their leading claim to purchase is concentration—they are compact, brief, and to his purpose. A single one upon each department suffices, serving as the embodiment of an entire medical library. But all the researches and reflections of the great

minds of the profession, who are not compilers of such a style of literature, are unknown. Aware that the great test, which is ever rising its phantom proportions before him, is not of a demonstrative character, and that he is not required to evidence the possession of any practical knowledge, he rests contented with getting up first principles and becoming grounded in the refined abstrusities of specialities. But failure is certain—though it be not near: the great superstructure has not been built, and to him practice, when it comes, will turn out a matter of routine—he will be in the dark dealing heavily, with murderous weapons, incessant blows on all who approach him.

There is another class of motives at least as powerful and as prevalent as those now depicted, but they are not so destructive in their tendencies. They rest upon a principle of self-advancement, and can only prove to be influential when favored by more or less personal skill and compatible extraneous circumstances. A man, for instance, seeks to acquire a lofty reputation or an honorable position of distinction among his fellows, and in the eager struggle he puts forth the most strenuous exertions at his disposal to be successful. Yet conduct such as that implies diligence in study, continuance in well doing; it has talent at its command and is accumulating daily a fuller shew of acquirements. These elements in his progress necessarily make him clever, and give him insuperable advantages over the pressed-man or the groveller with whom he is now compared. In his treatment of the sick, far greater success must follow; he can give a reason for what he is doing, and does the best for his patient which the present resources of medicine will permit. Estimable, however, as such advantages are, the motive is positively as bad as with the former, for it is a sordid one, self only is at the bottom, and, if it were not for the complacency and congratulations he experiences and awards himself, he would not have been a laborer in the world's infirmary wherein he officiates. To his eye, his patients suggest no other consideration than what they will yield,—he views them as interesting cases, or delightful commentaries upon the work of pathological deterioration, or striking illustrations of the capacities of the human frame for physical sufferings,—his affability towards them is measured strictly by their activity in increasing the boundaries of his fold or attracting to him other customers with themselves. And, if he be also of a covetous turn of mind, then his value of the sick and dying, to whom he ministers, is accurately adjudged by the weight in current coin for which they will be good. Surely feelings and actions such as these are not right. The world may have been gained, but the counterbalancing loss before the individual is immeasurably greater.

There are sundry other instances of improper motives which might perhaps be profitably ventilated, but these humiliating examples must now suffice. We have no hesitation in affirming that there is only one motive which can be called worthy or acceptable—but one which will bear the examination of a pure and true and just and good mind—none other that will find a resting place in a great, manly, frank, and philanthropic heart,—it alone th .t will never fail, which, when all else is forgotten as the baseless fabric of a vision, will still flourish in per-ennity "amid the wreck of matter and the crash of worlds." It is, simply, charity. Charity in its most comprehensive signification—and there is none too ample.

> "Whether we name thee Charity or love
> Chief grace below, and all in all above---"
> "True Charity a plant divinely nursed
> Fed by the love from which it rose at first."
> "Exuberant is the shadow it supplies
> Its fruit on earth, its growth above the skies."

Pope has also well said,

"All must be false that thwart this one great end,"---Charity.

In starting upon the work of medicine, in commencing his labors, it is not to be expected that this powerful influence should be a personal impulse of the student's own ;—in short, that he has independently made a deliberate choice in favor o. this unsurpassable virtue. The rule rather appears to be that the profession is entered upon from other considerations such as the advice of friends,—an intuitive preference,—the best account to which one can be turned,—the desire to have a means of livelihood everywhere available—and so forth: while with a lesser number no conclusive reason can be assigned, they may find themselves so engaged without knowing why or because it is vaguely said to be "about as good a thing as any other." Dark, blind resolves and executions, such as these, by man, are not uncommon in his affairs. As intelligence however increases, as events begin to be understood in their actual causes, premises are placed before the will, it is invited to make its election, the question then to be solved is, shall the reason be fostered as it was, or shall it be brought into accordance with the dictate of the newly acquired information. And it is a matter of hearty congratulation to know that many who begin in error, sooner or later end in truth. Leaving the unworthy motives which, through ignorance, they entertained at their commencement, they have, as they have progressed in discretion, rejoiced in experiencing true Charity as their real motive to perseverance.

## QUARTERLY REPORT OF THE MONTREAL GENERAL HOSPITAL.

Ending 27th January, 1859.

| | | | |
|---|---|---|---|
| Patients remaining from last quarter,.. | 64 | Died during the quarter,..... | 12 |
| " admitted present quarter, ....175 | | Now in Hospital,..... | 81 |
| | | Discharge during quarter, ...146 | |
| | 239 | | 239 |

| In-door Patients. | | Out-door Patients. | |
|---|---|---|---|
| Males,..... | 102 | Males, ..... | 550 |
| Females, ..... | 73 | Females,..... | 638 |
| | 175 | | 1188 |

## DISEASES AND ACCIDENTS.

| DISEASES, &c. | Admitted. | Died. | DISEASES, &c. | Admitted. | Died. | DISEASES, &c. | Admitted. | Died. |
|---|---|---|---|---|---|---|---|---|
| Abortio, ..... | 1 | | Epilepsia,..... | 3 | 1 | Orchitis,..... | 1 | |
| Abscessus, ..... | 1 | | Erysipelas,..... | 8 | 1 | Ostitis, ..... | 1 | |
| Adonitis,..... | 2 | | Febris Com. Cont.,... | 3 | | Paralysis, ..... | 2 | |
| Ambustio,..... | 5 | | Fistula in Ano,..... | 1 | 1 | Periostitis,..... | 2 | |
| Amenorrhœa,..... | 1 | | Fractura Comp, Co... | 1 | | Phthisis,..... | 5 | |
| Anasarca,..... | 2 | | " Simplex, ... | 6 | | Pneumonia,..... | 4 | 1 |
| Atrophia Cerebri,.... | 1 | | Gastrodynia,..... | 1 | | Psora, ..... | 3 | |
| Bronchitis, ..... | 13 | | Gelatio,..... | 2 | | Purpura,..... | 1 | |
| Bursitis, ..... | 1 | | Glossitis,..... | 1 | | Pyæmia,..... | 1 | 1 |
| Cancer Epithel..... | 1 | | Gonorrhœa,..... .. | 1 | | Rheumatismus Acut. | 5 | |
| Catarrhus, ..... | 5 | | Hydrocele,..... | 1 | | " Chronic | 16 | |
| Chlorosis,..... | 1 | | Hydropneumothorax | 1 | | Scarlatina,..... | 1 | |
| Cirrhosis. ..... | 1 | 1 | Hydrosarcocele,..... | 1 | | Staphyloma,..... | 1 | |
| Conjunctivitis,..... | 2 | | Hodrothorax,..... | 1 | 1 | Stillicidium Urinæ... | 1 | |
| Contusio, ..... | 5 | | Hysteria,..... | 1 | | Strictura Urethræ,... | 1 | |
| Cynanche Pharyngea | 4 | | Inebrietas,..... | 1 | | Subluxatio,..... | 2 | |
| Cystitis, ..... | 1 | | Iritis,..... | 1 | | Synovitis,..... | 1 | |
| Cystorrhœa, ..... | 1 | | Mania,..... | 0 | 1 | Syphilis,..... | 9 | |
| Del. Tremens,..... | 4 | 1 | Morbus Brightii,..... | 0 | 1 | Sonsillitis, ..... | 3 | |
| Diarrhœa, ..... | 1 | | " Cordis,..... | 2 | 1 | Tumor (fibro-nuclea | | |
| Dysenteria,..... | 7 | | " Coxæ,..... | 1 | | [ted,... | 1 | 1 |
| Dyspepsia,..... | 3 | | Necrosis,..... | 1 | | Ulcers,..... | 5 | |
| Emphysema,..... | 1 | | Nephritis, ..... | 1 | | Vaccinia, ..... ... | 1 | |
| Endocarditis,..... | 1 | | Neuroma,..... | 1 | | Varix,..... | 1 | |
| Eneuresis,..... | 1 | | Œdæma,..... | 1 | | Vulnus,..... | 1 | |

## OPERATIONS, &c., DURING THE QUARTER.

*Major Operations.*—Amputation of leg, 1; of foot (Hey's) 1: Excision of fibro-nucleated tumor, 1: Staphyloma removed, 1: Hydroceles tapped, 4; tapped and injected, 1: Synovial bursæ tapped and injected, 2: Tenotomy, 1 Sequestrum removed from tibia, 1. Total, 13.

*Minor Operations.*—Starched bandages applied, 13: Venesections, 5: Cuppings, 34: Leeches applied, 24: Ulcers strapped, 183: Wounds dressed, 17: Teeth extracted, 137: Abscesses opened and other incisions, 128. Total, 541.

*Fractures treated.*—In-door, 7; outdoor, 2: total, 9.

Attending Physicians—Drs. Howard and Jones.

ROBERT CRAIK, M.D.,
House Physician and Surgeon.

# MEDICAL NEWS.

During the year 1858, 1205 cases of fracture were treated in the London Hospital.—Mr. Robert Chambers repudiates the authorship of "Vestiges of the Creation," ascribed to him in the catalogue of the British Museum.—The number of persons now known to have been poisoned by eating the lozenges with which arsenic was mixed at Bradford is 225, of whom eighteen have died. Five or six others are still suffering from the effects of the poison, and the recovery of two of them is doubtful. 136 of the poisoned were adults.—A tribe of aboriginies has been found in Australia presenting the remarkable peculiarity of being entirely without hair, neither males nor females having hair on their bodies at any period of life.—In the ascent of people called Nah-pih-shen near Manilla, parturient women are placed into a tub, into which water is poured, with the design of facilitating the accouchement.—There are five thousand practising dentists in the United States, who consume over two millions and a half of dollars in gold foil and plate.—Two gentlemen of Baltimore have recently taken out a patent for converting a mixture of pearl-ash, powdered sal ammoniac, lobelia, oil of anise and caraway, alcohol, grass, rape, rum, cascarilla bark, opium, sumac, and stems or refuse of Tobacco, into sheets for wrapping woolen goods to prevent moth's from eating them, lining for cases of the same, and wrappers for cigars or tobacco.—Dr. R. B. Symmans of Brooklyn has been appointed by the Board of Foreign Missions of the Reformed Dutch Church, a Missionary to Japan. Dr. S. Leaves a growing and remunerative practice in Brooklyn.—Chloroform has been administered *thirty thousand times* in the hospitals of London during the last ten years, for the performance of surgical operations.—A London car-doctor, who promised to "cure deafness in ten minutes" has been obliged to refund his fee, and committed to prison. The microscopists of Germany have entered into an arrangement by which once a year microscopical specimens takes place. At the last meeting, twenty-four microscopists were present, and 3000 preparations offered in exchange.—Some of the European journals are making merry over the fact that a *woman* has sent to the Academy de Medicine a *suspensorium scroti!* The inventoress submits it to the approval of the Medical faculty, assuring them that it is a master-piece. The suspensorium was sent back to this new exploress of terræ inroguitæ muilieribus.—The London Medical Times and Gazette for December last says, "Honours are falling thick on Sir Benjamin Brodie. Last week elected President of the Medical Council, this week President of the Royal Society, he stands in a higher position than any surgeon has ever attained before in this country."—"In my girlhood," said a lady to Roger's the poet, "I had a very severe illness, during which I heard Dr. Turston declare to my mother in the next room, that I could not live. I immediately called out, 'but I will live Dr. Turton?' and here I am now sixty years old.

THE

# MEDICAL CHRONICLE.

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## ORIGINAL COMMUNICATIONS.

ARTICLE XXX.—*Valedictory address to the Graduates in Medicine of McGill College, on their receiving the degree of Doctor of Medicine and Surgery, conferred by Convocation, 5th May, 1859; by* George W. Campbell, A.M., M.D., *Professor of Surgery.*

Gentlemen Graduates,—Before addressing to you the few words of parting advice customary upon occasions like the present, I may be permitted, I hope, without being thought guilty of self-laudation, to take a brief retrospect of the progress of the Medical Faculty of McGill College, which I have now, for nearly a quarter of a century, been connected with as a Teacher. Upwards of 34 years ago, much to their honour, four medical gentlemen in this city, the late Drs. Robertson, Caldwell and Stephenson, along with the present respected Dean of our Faculty, Dr Holmes, feeling the want and necessity of a means whereby appropriate instruction might be furnished to Students of Medicine in Canada, associated together and founded, for this purpose, the Montreal Medical Institution. The school thus organized was most successful, and, five years after its establishment, was embodied in this University, of which its Teachers constituted the Medical Faculty. These gentlemen at once took the proper ground of demanding a high standard of professional education from their graduates, and, as far as circumstances permitted, assimilated their curriculum, and the duration of their lectures, to what was then in force in the University of Edinburgh, of which they

themselves were Alumni. From time to time, the Faculty thus organized, although contending against want of pecuniary means and numerous other adverse circumstances, added to the number of its Teachers and the efficiency of its instructions, until the year 1845, when it completed, in the advantageous sub-division of labour, its present very extensive teaching staff, consisting of nine Professors and one Demonstrator. The senior members of the Faculty can now welcome, with pride and pleasure, their former pupils as their valued and able colleagues and fellow-laborers.

The Universities of Great Britain, and the Colleges of Surgeons of England, Scotland and Ireland, early recognised the McGill College class certificates and degrees, as equivalent to their own, in entitling their holders to become candidates for University Honors and Surgical Diplomas. Our Graduates spread over the length and breadth of the Canadas, have, we believe, as a body, done no discredit to our instructions. We have representatives in England, one in the great metropolis, a frequent and able contributor to the Medical Periodical Literature of his native city, and now regularly employed in the editorial staff of the London Lancet. One of our Graduates, after competing successfully at public concours for an Hospital appointment in Victoria, Australia, has already realized an ample fortune, and still remains there, a highly popular and favored Medical Practitioner; and another has just returned on a brief visit to his native country, from Oregon, Vancouver's Island, and the new Fraser River Gold Regions, after five year's absence, where he has had an equally fortunate career. Three gentlemen, natives of Canada, and Graduates of this University, are now serving Her Majesty in regimental and staff appointments in India; and upon six previous instances, as upon the present occasion, we have had the great pleasure of conferring our degree upon gentlemen serving as medical officers with the Troops in Canada. You will thus perceive, Gentlemen, that we have some cause for thankfulness at the measure of success which has hitherto attended our labours, and the number of Graduates of the present session, is an evidence that public confidence in the character of our teaching is assuredly not diminishing.

I am certain, I can say with truth, that we, as a body, have earnestly laboured for the moral, intellectual and political exaltation of our profession; that we have endeavoured to keep pace in our instructions with the modern progress of science; that we have not neglected the important practical bearing upon the rational and philosophical treatment of disease which the discoveries in the recent advances of Chemistry, Microscopic Anatomy, Physiology and Patho-

logy have brought to light; that we have inculcated conservatism in Medicine and Surgery; that in the latter science there is much greater glory in saving than in operating, however skilfully or dexterously the work may be performed; above all, we believe we have endeavoured to teach a hopeful trust in the tender mercies and restorative power of our kind nursing mother, the *vis medicatrix naturæ*, when aided, but not thwarted by art, in remedying accidents and arresting disease.

And now, gentlemen, I may be permitted to state, that though of late years we have been pleased to observe a higher standard of previous education in those commencing their medical studies, still we believe there is much room for improvement in this respect; and now there is not the same excuse as in former times for such neglect, as the higher schools and colleges abound in both sections of the Province. I would urge upon parents and guardians, who intend to educate their sons for any of the learned professions, not to be in any hurry fixing their choice before the mental powers have had time to develope themselves, and the tastes have in some degree been decidedly displayed. The employment to which the whole subsequent life is to be dedicated, which is to be its business, and ought as much as possible be its pleasure, should not be decided upon when the judgement is immature, and the higher mental capacities are only beginning to manifest themselves. I believe that a course of education which will qualify a youth to commence, with advantage, the special study of any of the professions, should be followed up, at least, to the age of eighteen; the mind will then have had time to unfold itself, and its powers will be readily directed, with full intensity, to the special profession,—the heart as well as the head being engaged in its pursuit. A good knowledge of classics is universally acknowledged to be an essential part of the general training necessary before entering upon the study of medicine, without such knowledge, the very meaning of the terms, constantly employed in medical literature, would be incomprehensible to the student; but the chief importance of a classical education consists in this, that experience has proved the labor bestowed in its acquisition to be far the best discipline for preparing the intellect for being advantageously employed upon any other subject.

An acquaintance with the physical sciences is now considered an essential part of a preliminary medical education, and, to the understanding the more exact among them, as Mechanics and Astronomy, a certain amount of Mathematics is necessary. Some knowledge of Zoology, Botany, Geology and Mineralogy, is now regarded as essential to any well-informed and liberally educated medical man, and

Chemistry might, with great advantage, be studied as an elementary branch.

It may be thought that the range of study, now suggested, is too extensive for the generality of medical students; but, for my part, if circumstances permitted, I would feel disposed to add to it the study of Logic and Metaphysics; the exercises in composition, usually combined with the instructions on these sciences, are most valuable in the formation of habits of thought, as well as in the acquirement of power and facility of expression. I am convinced that a youth thus prepared, with the advantage of a large amount of available knowledge, will commence the study of medicine with the probability of much greater ultimate success than he who has not had such a thorough preliminary training.

Gentlemen Graduates, you are now about to leave us, having creditably passed through your final examinations and obtained the honors of this University. Your minds are now stored with that frame-work of knowledge upon which experience can alone afterwards be securely based; and as most of you will at once commence practice, you will shortly be called upon to bring your acquirements to bear upon matters of practical utility, to apply to the principles of your profession, which have been taught you in the lecture-room, the practical test of bedside experience. You are now about to study the book of nature—see that you become her faithful interpreters; her lessons are worthy of implicit belief, and the statements of lecturers and writers frequently require to be corrected by them. The zeal and intelligence which many of you have displayed during the time you have been with us, afford, unquestionably, the best promise that can be given of future eminence and success; but, in order that this hope may be realized, let me caution you not to give up study. Honorable distinction in the practice of medicine is only to be attained by keeping pace with its progress. At the present day, when science in every department is making such rapid advances, when education is becoming diffused so generally, the medical man cannot stand still, but must exert himself to maintain the exalted character of his profession; and, I say it with pleasure, that medicine has not been stationary,—she has not been behind others in the march of improvement, but has kept pace in advancement with her sister sciences; and her literature is daily adding new and important facts to our present store. Do not think, then, gentlemen, that such of you as relax in your efforts will meet with future encouragement: it is only by industry and perseverance that you can expect to obtain, in after life, respect and reputation as scientific practitioners.

But, gentlemen, superior attainments, without upright principles, will

never secure success. In order to have a fair prospect of being esteemed in your profession, you must never let your medical skill and knowledge be disjoined from those sacred principles of honour and virtue which you have this day sworn to respect; and this not only towards your patients, but also towards your professional brethren, who on all occasions have a right to expect from you that integrity of conduct and fair dealing which are the characteristics of the true gentleman and honourable medical man. In conclusion, gentlemen, permit me for my fellow-labourers in the Medical Faculty, as well as for myself, to return you our sincere thanks for the attention and respect with which you have invariably listened to our instructions. I can assure you that there is nothing more gratifying to the teacher than gentlemanly behaviour and exemplary conduct on the part of the student: encouraged by such evidences of diligence and zeal, his labors are lightened, his industry stimulated, and his endeavours to impart instruction materially assisted; good feeling is kept up, and mutual respect becomes the connecting-link between him and his class. And now, gentlemen, farewell. You carry with you our sincere good wishes for success in life; and we part with you, perfectly convinced that, whatever stations you may fill in the profession, you will acquit yourselves in a manner calculated to reflect credit on the University which has this day conferred upon you its degree.

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ARTICLE XXXI.—*Uremic Poisoning.* By Wm. H. Hingston, M.D., L.R.C.S.E., Member of the Imperial Leopold Academy, &c., &c.

Isolated facts, as such, possess very little, if any value; and it is only when multiplied and properly averaged, that they obtain any real worth in science: yet, isolated facts, when chronicled with accuracy and truth are always important, when they assist to elucidate general observations; to strengthen general rules; or by multiplying exceptions, to deprive universal rules of their universality.

The following case presented to my mind many features of unusual interest, and for this reason, and with the expectation that it might prove interesting to others, I present it to the readers of the *Journal.*

Mr. S, a gentleman well known, and engaged in an important public trust in this city, consulted me professionally in July, 1854, for stricture of the urethra. He stated to me that he had suffered considerable inconvenience from inability to micturate freely, for more than seventeen years; that during those seventeen years he had had many severe attacks of retention of urine, and that each attack (with the exception of one about 12 years before) had increased in severity. This he related to me

while suffering from an unusually severe attack, for the relief of which, he had summoned me. On examination with the catheter, a long, hard, and unyielding stricture was detected in the membranous portion of the urethra. At longer or shorter intervals during the subsequent five years he suffered from inability to micturate, but on most of those occasions he preferred the expedient which he had resorted to for years, of extending the penis with one hand, pressing upon the urethra behind the stricture with the other, and in this manner, forcing a small quantity through the constricted part. During the intervals, he enjoyed good health. Frequently, during my attendance, I proposed to him dilatation by bougies, and, failing this, division of the urethra as recommended and which I had frequently seen successfully practised in Edinburgh by Mr. Syme. To the pain which necessarily attends the use of the catheter, he seemed averse. Within the past two years he consulted a professional gentleman, *habile* and dexterous in the use of the catheter, but the pain which attended, and the irritative fever which followed its employment, weakened his resolution—never very strong.

When he again came under my care, in last autumn, I urged him to submit to treatment, but he seemed inclined

> "Rather to bear the ills he had
> Than fly to others that he knew not of."

Such was the condition of things when I was summoned to see Mr. S. on Monday, 28th March last. He had been out during the early part of the day and got chilled. I found him suffering from retention. I proposed to use the catheter, but he said that the pain not being severe, he would prefer to wait a while. A few hours afterwards he again sent for me, when he readily consented to the employment of the instrument, and a No. 5 silver catheter was introduced, without much difficulty. On the evening of the following day, the same symptoms supervened, and the catheter at his own urgent request, was again employed, but, from the irritable state of the canal, its introduction, as might be expected, was attended with less facility and more pain. Difficulty in that quarter now ceased—the urine during the following couple of days being ejected at regular intervals.

Two days after the evacuation of the urine, severe pain was felt in the left leg, which became both discoloured and swollen, looking like an aggravated form of phlegmasia dolens. Patches of a bright red appeared about the knee, which were acutely painful when touched. The following day, the limb pitted on pressure—patches of red less extensive, limb less painful. The phlegmasia of the leg deprived him of the power of changing posture; but, when held in an upright position, he could walk slowly across the room.

Simultaneously, almost, with the subsidence of the pain in, and redness of the limb, the skin became bathed with perspiration of a strongly urinous smell and taste; respiration, at the same time, became labored; the face assumed a deep yellow, cadaverous appearance; and, on the day following, (Thursday) numerous small, white specks appeared on the face, and uncovered portions of the neck and hands. On Saturday, the skin upon the forehead and face was as rough to the feel as sandpaper. I desired him not to allow the face to be washed, and, on Monday, large transparent cuboid crystals, many of them more than two lines in diameter, were thickly clustered on the exposed parts of the face and neck. About eighteen of the larger crystals were scraped off for further examination. So soon as the existence of urine in the circulation became evident, diaphoretics were prescribed; and, on the soporific effects of the poison manifesting themselves, Squill, digitalis, and nitre were substituted, combined with stimulants.

On the following day (Tuesday) I was joined by Dr. Campbell in consultation. The skin still presented the same speckled appearance, though the larger crystals had been washed away; breathing was less labored than before; all the external senses still unimpaired; pulse 110, weak and compressible; bladder not distended. Scheidam schnapps were substited for the champagne he had been taking; and vin. seminis colchici added to the diuretic mixture.

Monday, 9 a. m.—Found patient reading the morning papers; had slept well, and felt "better"; felt his wrist—no pulsation in the radial artery; heart acting feebly; coldness of extremities. 10½ a. m., symptoms same as at nine; breathing very labored; pespiration profuse; intellect quite clear when loudly spoken to, and correct answers given to questions asked, but quickly relapsing into semi-unconsciousness. The coldness of the extremities continued to increase till 2 p. m., when a short convulsive twitch closed the scene.

At 3 p. m. next day, I made a sectio cadaveris, at which Dr. Campbell assisted. The right kidney presented many diseased features. It was considerably elongated and redder than that of health, corresponding to the 2nd form of enlargement described by Rokitansky, which the translator, from a paucity of words, terms "congestive turgor." The kidney was very soft and flabby, resembling, not a little, in color and consistence, coagulated blood, partially organized.

The lining membrane of the pelvis and calices was covered with hemorrhagic spots of ecchymosis, of from two to six lines in area.

The ureters were large, but their lining membrane was of a natural pale color.

The bladder contained a small quantity of urine; its muscular tissue, was, as we might, *à priori* expect, considerably increased.

The position of the subject, dressed and coffined, precluded (which I regret) the possibility of examining the urethra.

A few observations suggest themselves to me, while hurriedly detailing this case, to which I should wish briefly to direct attention.

The most frequent concomitant of long continued stricture, is thickening of the coats of the bladder; distended ureters from a backward flow, (though the possibility of "backward flow" is denied by many,) comes next; and lastly, disturbance of the function, and arrest of the secretion of the kidney. In *unrelieved* retention, however, the urine, not finding passage per *vias naturales*, makes an opening for itself through some portion of the bladder by sloughing, and the patient obtains temporary relief.

That Mr. S. first laboured under retention of urine, there can be no doubt—the pain in, and fullness of the hypogastric region, with inability to micturate, were abundantly indicative of such a condition. Nor is there less doubt, that retention yielded and gave place to renal Ischuria, The question now occurs, whence arose this suppression? How is it that kidneys, which, at the beginning, acted so vigorously as to send to the bladder more fluid than could be there disposed of, so soon failed in their offices altogether? The imperfect drainage from them of the prepared fluid, and its consequent lodgement, even for a short time, must have paralyzed their efforts altogether. The period at which symptoms of uremic poisoning first manifested themselves, favours this view; the appearance of the kidneys, after death, supports it.

The symptoms of uremic poisoning (occuring long after all difficulty with the urethra had passed away) presented certain anomalies. The drowsy condition to which the circulation of urine in the blood generally gives rise, was not only, not well marked, but frequently absent altogether.

The most remarkable feature in the case was the presence of the vast number of crystals upon the skin. These, upon examination, were found, as I have already observed, to be crystals of oxalate of lime. Under the microscope they presented the appearance which Hassal delineates in the Lancet for April and May, 1858, being generally of an octohedral form. Exposed to a white heat, on a piece of porcelain foil, they were carbonized; changed to brown, moistened turmeric paper; and effervesced. They appeared with the first copious perspiration, and increased in numbers and in size, as time wore on. The records of medicine, so far as within my limited reach, do not furnish a parallel example.

Montreal, 29th April, 1859.

# REVIEWS.

ARTICLE XXXI.—*On Poisons in relation to Medical Jurisprudence and Medicine.* By Alfred Swaine Taylor, M.D.F.R.S., Fellow of the Royal College of Physicians; Hon. M. D. St. Andrews; Member of the Royal College of Surgeons; Professor of Medical Jurisprudence and Chemistry in Guy's Hospital; and Examiner in Chemistry to the University of London, and the Royal College of Veterinary Surgeons; and author of a Treatise on Medical Jurisprudence. Second American, from the Second and Revised London Edition. Philadelphia: Blanchard & Lea. Montreal: B. Dawson & Son. Quebec: Middleton & Dawson. 1859.

Dr. Taylor has re-modelled his work on Poisons in the present edition. As he very properly remarks in the preface, it is impossible within the compass of one small volume to comprise all the principles and experiences which have been enunciated in reference to poisons. The list of these articles is so comprehensive as to include nearly, if not altogether, the whole number of diverse agents that belong to Pharmacology. For the difference between a remedy and a poison is only one of degree or of contingency. Within proper limits, and in conformity to certain circumstances, every substance, even the most deadly, is either harmless in general, or, under specific conditions, sanative in particular. While, on the contrary, everything by abuse is injurious, and proves deleterious. We know of nothing more toxic than Hydrocyanic Acid; but still it is only relatively so; for, in suitable portions, no substance is more efficient as a remedy. And again the usefulness and safety of bread, as a dietetical article, is a matter of general assent; and yet if an undue amount of it—"the staff of life" though it be—were taken, death would follow the rash adventure. Considerations such as these, therefore, shew that the most fit guide to choose in the determination of what are Poisons is to accept the popular view of the question, and decide from the records of historical facts. We shall then find that certain substances in preference to others have been selected and employed with a destructive intention, and of these, that some have been more frequently resorted to than others. Such is the guide that Dr. T. has followed, and it is the one which must bring the largest return of practical advantages to the reader. In speaking upon the courses an author may pursue in the discussion of such a subject, he remarks:—

"Or he may exclude those substances which belong rather to the history than the practice of the subject, and thus devote more space to the considera-

tion of substances which, from the frequency of their employment for murder and suicide, are of great practical importance. I have chosen the latter course."

Dr. T. has kept pace with the march of intellect over the ground of Toxicology, and has embodied in this new edition such new cases and additions to the previous literature as have fallen under his notice in the interim, and been judged by him deserving of appropriation. He has, for instance, some interesting pages upon various Anæsthetics.—Speaking of Chloroform vapor, he refers to 50 fatal cases, and subsequently remarks:—

"Fatal cases have been proportionally much more numerous from the use of chloroform vapor than from ether vapor. In some of these, latent morbid conditions of the heart or brain may have led to the unfortunate result; in others the improper mode of administering the vapor. But there have been undoubtedly cases in which, with the exercise of proper skill and care, death has still occurred."

Although not near so often poisonous, yet ether also, by inhalation, has undoubtedly destroyed life in the human subject. Four cases are mentioned where such a result followed this cause. Death, however, appears to be more delayed: when the time has been defined, three hours is the shortest interval between death and the exhibition of the letheon, and generally it is much more contracted.

Some American Surgeons have been very favorably impressed with the supposed advantages of a combination of chloroform and ether, in the proportion of one part of the former to four parts of the latter; principal recommendation being that it is perfectly safe. This observation, however, is not entirely true, as might have been expected from a little reflection; for, if both the components have been prejudical and injurious, it is scarcely to be expected that their mutual union should yield an innocuous compound. Dr. T. refers to an instance where—

"One drachm of this mixture, administered with due precaution (in vapor), caused death in a few minutes."

An anæsthetic more recent than the preceding in its employment, and yet less often resorted to, is Amylene. In the course of his short notice of it, our author relates:—

"Its use has already led to at least two deaths; and on the whole it does not appear to be so safe an agent as chloroform vapor for surgical purposes."

Those of our readers who remember the prominent and distinguished position which Dr. T. held in the case of Reg. *v.* Palmer (1856), reported in the *Medical Chronicle* for that year, will be prepared to hear that he

has given a minute account of the remarkable circumstances by which it was characterized; and, while also recalling to mind the fierce animosity by which he was assailed, will not consider the following remarks unnatural—evidently made in full perception of the opposition by which he was then pursued. Concerning the defence, that Cook's death might be explained by any form of nervous disease, epilepsy or angina pectoris, he adds:—

"It argues but little for the knowledge or moral feelings of medical witnesses, and must shake the confidence of the public, as it has already done to a great extent, in the trustworthiness of medical opinions. Such must be the result when scientific witnesses accept briefs for a defence; when they go into a witness-box believing one thing, and endeavour to lead a jury by their testimony to believe another—when they make themselves advocates and deal in scientific subtleties, instead of keeping the plain truth. Such men should be marked by the public; and their efforts at endeavoring to confer impunity on the foulest crimes, and to procure the acquittal of the most atrocious criminals, should be duly noted."

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ARTICLE XXXII.—*Tilden and Company's Book of Formulæ.* New Lebanon, N. Y.; and 98 John Street, New York City. 1858.

We hereby tender our best thanks to Messrs. Tilden & Co. for this accompaniment of the last favor, for which we stand indebted to the liberality of their enterprising firm. Last fall we received the box of which they were polite enough previously to advise us. Upon examination it turned out to be a most acceptable present, containing a plenful supply of a number of admirably-made pharmaceutical preparations, most of which were peculiar in their method of execution to the processes followed out in the carefully-conducted operations of the drug establishment of these gentlemen. Their forms of getting up various officinal compounds are great improvements upon the more primitive methods. The sugar-coated pills, of which various kinds were furnished, especially deserve commendation, for the artistic skill displayed in their formation is of a high order of merit. The book, above specified, contains prescriptions for making tinctures, infusions, syrups, wines, mixtures, pills, &c., simple and compound from the fluids and solid extracts, prepared at the laboratory of Tilden & Co., New Lebanon, N. Y., established in 1848. To parties dealing in the aforesaid extracts it will prove of much useful service.

## CLINICAL LECTURE.

*On over-worked brain, and the nature of the phosphatic deposits in the urine in such cases.*—By E. A. Parkes, M.D., L.R.C.P., professor of Clinical Medicine, University College, &c., etc.

[Professor Parkes has been delivering a very practical course of weekly clinical lectures, on the various contituents of the urine, taken *seriatim* in health and disease, with the pathological bearings of the latter illustrated by cases in his wards. The following abstract of his Lecture last week contains some interesting points.—Ed. Clinical Sketches.]

Gentlemen,—The indications of the urine furnished to us in disease are very remarkable; some of them are of very great importance in clinical research, and none, perhaps, more so than the indications afforded by the excretion of phosphorus and phosphates, chlorine and chlorides, from the system. We have already gone over the excretion of urea and uric acid, oxalic acid, &c; we now come to phosphorus.

In all ordinary febrile diseases, as we have had occasion to observe recently in this hospital, the curious fact has been made out, and now verified over and over again, that the chlorides disappear from the urine. Various arguments and explanations go to show that this absence or disappearance is an actual "retention" of the chlorides; thus in typhoid fever, in one case, we had an entire absence of chlorides; so it is also often in rheumatism. The immediate pathological cause of this is still unknown. An absolute want of chlorides or chlorine is perceptible in a most marked manner in pneumonia. This diminution advances or commences early with the period of hepatization, and goes on for days; we always look upon it as a favourable symptom, as it is sure to be, when the chlorides make their appearance again in the urine in such cases; the chlorides, in fact, are increased as the urea is increased, and this is tantamount to saying—as the normal physiological changes in the body supersede the diseased changes or actions set up by the pneumonia, or capillary bronchitis, for it is the same as regards this phenomenon in both diseases.

Now it is a curious fact, also, that there are two or three diseases of a rather striking character in themselves, and in these the chlorides are enormously increased. One of these diseases is ague—the chlorides increase during the cold fit, and go on to increase as well as the urea. The other disease is dropsy, with great diuresis. Here 500 or 600 grains of chlorides a-day (three times the normal amount; will be given off. The chlorides are all increased very much in the disease known under

the name of *diabetes insipidus*. We have had frequent opportunities, and shall have again, to refer to these curious facts in some other of these clinical lectures.

The next constituent of the urine that I wish to draw your attention to is the phosphoric acid, or phosphates, given off in disease and in health.

Now you will do well to remember that of the phosphoric acid contained in the urinary secretion, one-third to one-half, though no doubt it has some special function to perform in the system, is obtained directly from the food. If patients suffer from insufficient food, as amongst children badly nursed, or our poor-law patients and dispensary patients, then the phosphoric acid in the urine is diminished or disappears nearly altogether. The phosphoric acid in the urine usually exists in combination as acid phosphate with potash, sometimes with soda, lime, and magnesia, but not with ammonia. You know already that there is a large amount of phosphate of magnesia in common bread, also in meat, but this, as well as phosphate of lime, requires acids in the stomach to dissolve it. You know, also, the old distinction of alkaline and earthy phosphates in the urine; the proportion of these are as five to one, and the total amount of phosphate for an adult may vary, so much as from a drachm and a half to five drachms, given off in the urine, but depending in a great measure on the quantity and character of the food.

The phosphoric acid, on the opposite hand, formed in the system itself, comes directly from the disintegration of certain tissues in the body, such as the disintegration of nerve tissues in particular; and this brings us to the consideration of a most important subject—the phosphoric acid formed in nervous or convulsive diseases from the exercise of the brain and nerves; and I may also add, from the disintegration also of muscular tissues; but before we come to that subject I may say a few words to make more clear what I mean by phosphatic deposits, and I may begin by saying that what one reads even yet in what are thought to be "standard books," as the phosphatic DIATHESIS in patients is altogether a mistake, there is no such thing as this diathesis. But if we place some urine, which is feebly acid, over the flame of a spirit lamp, and boil it a change takes place in some remote manner, like what is seen in what is called the phosphatic diathesis. The neutral phosphate of lime is divided into two parts—a basic phosphate is thrown down and an acid phosphate remains in solution. The same occurs to the magnesia phosphatic salt; these basic compounds fall down, but on the urine standing, they partly redissolve again. It is said, as a theory to explain the change, carbonic acid is driven off by the boiling, or urea decomposed; but be this as it may, the fact of the de-

composition is enough for us, in a clinical point of view; the subject is indeed of very great importance to men, especially in surgical practice, where this so-called phosphatic diathesis is often encountered from disease of prostate, or diseased mucous membrane of the bladder from stone A deposit of mucus in the urine will lead to such deposit of phosphates, by the mucous decomposing urea. The prolonged exhibition of alkaline remedies may also induce a deposit of phosphates. It has been even said, and is practically held to be true by surgeons, that the mucous membrane of the bladder itself has the power of forming phosphatic deposits. The surgeon's finger in lithothomy will occasionally feel a coating of phosphates; but I don't know that this point has been sufficiently studied to decide whether this is a phosphatic deposit.

Now, as to this often vexed question or hypothesis of prolonged action of brain or nerve tissues being invariably followed by disintegration of nerve cells and deposits of phosphates in the urine though a very fashionable theory, I think the evidence is not at all decisive one way or the other. It is still a moot point on the confines of psychological science. You will perceive from what I have just stated that many circumstances, such as deranged health, excessive use of alkalies, prostatic disease after fifty years of age, &c., may lead to deposits of phosphates in the urine. Now I need not say that prolonged mental work, or over-excitement of the brain, will lead to impaired health*; the urine then becomes alkaline. I believe that after severe mental labour, such as that of reading up for University honours, a deposit of earthy phosphates in undue amount appears in the urine. I very much doubt, however, if it be solely from disintegration of nerve or brain tissues, but from the constitution of the urine, as I pointed out a few minutes ago, being altered. In diseases where we have delirium, it is said also that we find excess of phosphoric acid in the urine. These physical or psychological reactions of the mind, over the body are, no doubt, too much neglected at present; the question, in fact, may be said to be still *sub lite*, or "not proven." There is no doubt that emotions of various kinds react also on the nervous system. And it is strongly insisted that in chorea, which is very often the result of simple fright or emotion reacting on particular parts of the brain and nervous system, there you have large deposits of phosphoric acid in the urine. If the fact be really a fact, as it is stated to be, it is one of great interest.

All I can say is, that a very reliable authority, Voegel, has examined the subject in over a thousand cases of this kind and meningitis, with all

* See a Lecture, by Dr. Addison, on this subject, recently in the CIRCULAR, where the theory of underworked brain, as a cause of disease, as held by Mr. Dickens in "Household Words,' is combated.

the resources of the most accurate chemistry to furnish him with quantitative analyses of the phosphates in the urine, but at the end of his most laborious researches he is unwilling to commit himself one way or the other, to any opinion on the subject! There is, no doubt, something in these finer mental actions, which, though they may produce death by "shock" or may produce such formidable symptoms as those of chorea, hysteria, epilepsy, &c., still may not be measured by the chemical balance. But at the same time I feel it right to tell you that both in America, in Germany, and France the discovery of phosphate in the urine, after inflammation of the brain or nervous excitement engaging the brain material has been strongly insisted upon as an actual fact.

In rickets, according to the excellent authority of Lehmann, the phosphates are decidedly increased in the urine, as also in tuberculosis; this latter fact agrees with the view now generally entertained that in the process of cell formation the most essential inorganic element is phosphorus in some of its forms or combinations. It is said oxalic acid is sometimes found, and carries off the earthy phosphates in rickets, &c., no doubt there is a coincidence of the two generally in the urine in such cases as I speak of, but still phosphate of lime is not soluble in oxalic acid. Phosphate of lime as well as phosphate of magnesia, as found in the urine, it is well to recollect are in the condition of amorphous powders, while the ammoniaco magnesia phosphate is in crystals. If you wish to be correct, I think it is as well you should take particular note of this, as some of the class-books may mislead you.

[Dr Parks next explained to his class how the phosphoric acid in urine in clinical practice and elsewhere might be detected and measured after the "Volumetric" method. The essence of this plan depends on the fact as observed by Liebig that phosphate of iron is altogether insoluble in acetic acid. A certain quantity of solution of chloride of iron, therefore, is first taken; and to a measured amount of urine, to which acetate of soda and acetic acid are added in certain proportions, the chloride of iron is dropped in. A paper dipped in yellow prussiate of potash tells when the process is completed and all the phosphate separated. The subsequent ascertaining of the quantity of phosphoric acid in the urine is a matter of simple detail.]

There are fallacies of twenty per cent, even in the best concerted plans of estimating the phosphates, so that we are, as yet only at the threshold of the inquiry; but I would advise pupils to make themselves familiar with these "Volumetric" methods of Liebig, which are very ingenious: and as regards the phosphates the "Volumetric" plan is the best we have.

There is no doubt that the phosphates are very much influenced by food and exercise, as already referred to; then, again, they are diminished in amount by such affections as diarrhœa, by which phosphates are passed off with half-digested food, these phosphates having never entered the blood of all. The study of the phosphates is yet in its infancy, and how phosphoric acid acts in combination with iron and lime, or in cod-liver oil, in building up nervous tissues in process of "wear and tear," or how it acts in such diseases as rickets, chorea, epilepsy is altogether a very new and very instructive subject of clinical research.

## THERAPEUTICAL RECORD.

*Ash-Bath in Rheumatism.*—Dr. Landerer, of Athens, states that the Greeks, like all Orientalists, make great use of every kind of bath. Among these is the ash-bath, which is prepared by the common people in the following way: Plants which are supposed of efficacy in rhumatism, as *pistacia lentiscus*, *pistacia terebinthus*, *spartium*, *juncacm*, etc., are burnt to ashes. These are collected in a copper vessel, which is heated as highly as can be borne. The suffering part is put in the vessel, completely covered with the ashes, and allowed to remain. The people relate marvellous accounts of the curative agency of those dry ash baths.

*Sedative application.*—Extract of belladonna, one drachm and a half; liquify with from thirty to forty five drops of laudanum; triturate in a mortar, and add one drachm of chloroform. Spread this three or four times a day on the region affected with neuralgia, or acute inflammation. It will adhere to the skin longer than an ointment.—*Dr. Diday.*

*Discutient application to the indurated Epididymis.*—Extract of belladonna, one drachm and a half; soften in from fifteen to twenty drops of water, and add one drachm and a half of tincture of iodine. The effect is both sedative and discutient.—*Dr. Diday.*

*Chloride of Zinc in Gonorrhœa and Gleet.*—M. Legouest, of the Val de Grace in Paris, has published an account of some experiments which he has made with this salt. The injection of a solution of the chloride (one thousandth part in recent, and one five-hundredth in old cases) is thrown in once daily, and retained in the canal for four or five minutes. There does not appear to be anything in the results he obtained in recent urethritis to recommend the practice over that by other well-known remedies, but in the treatment of gleet he had much better success. In seventeen cases, most of them obstinate and which had been treated in vain, the mean duration of treatment with the zinc injections was nine days. The remedy usually caused no pain, and was very rarely followed by accidents.—*Gaz. des Hop.*

# PERISCOPE.

*The "Dead-Alive."* By R. B. Nason, Esq., M. R. C. S. Sir,—An article, "The Dead Alive," in your last impression* demands of me a veritable statement of the case alluded to. The subject of the inquiry is still living, and some time past has afforded me scope for observation.

I have only been waiting for a termination of the case, either in convalescence or death, to enable me to give to the profession, through your valuable columns, a full and truthful history of this rare and curious case, replete with interest. The exaggerated statement which has gone the round of the press, has produced such great curiosity in this immediate neighborhood, that I have been applied to by many parties, professional and non-professional, to be permitted to see the case, the parents of the patient having refused admittance to all strangers.

The case having extended over a long period, and fearing a detailed account might occupy too much of your valuable space, I have condensed the matter as much as possible; but should the profession consider the case worthy of a more enlarged history, I will gladly at some future period meet their wishes, as far as my rough notes, aided by my memory, will supply it.

In August, 1858, I was requested to visit Miss Amelia Hinks, aged twelve years and nine months, daughter of a harness maker, and residing with her parents in Bridge-street Nuneaton. She was supposed to be suffering from pulmonary consumption. I found her much emaciated, and complaining of headache; great lassitude; loss of appetite; short cough; secretions morbid; catamenia not appeared. I prescribed an alterative, to be taken at night, and a ferruginous tonic three times a day; a generous, though mild, nutritious diet, which she continued some time with benefit. I could not detect any chest disease. She then went into the neighborhood of Leanington, for change, to visit some friends, and after a short stay became much worse. Her parents, being apprized of her state, fetched her home as soon as possible. On her arrival I was requested to see her. I found her very attenuated, and complaining of great debility, headache, and loss of appetite: tongue clean; bowels confined. From this time she began to refuse food and medicine, and friends wished her not to be disturbed for anything, and daily and hourly anticipated her death. She was watched night after night in anticipation of that event happening and on the 18th of Octo-

*January No. p. 66.

ber, about half-past three A.M., she apparently died. She is said to have groaned heavily, waved her hand, (which was a promised sign for her mother to know that the hour of her departure was come,) turned her head a little to the light, dropped her jaw, and *died*. In about half an hour after her supposed departure she was washed, and attired in clean linen; the jaw was tied by a white kerchief; penny-pieces laid over the eyes; her hands, semi-clenched, placed by her side; and her feet tied together by a piece of tape. She was then carried into another room, laid on a sofa, and covered by a sheet; appeared stiff and cold; two large books were placed on her feet, and I have no doubt she was considered to be a sweet corpse.

About nine A.M. the grandfather of the supposed dead went into the death-chamber to give a last kiss to his grandchild, when he fancied he saw a convulsive monement of the eyelid, he having raised one of the coins. He communicated this fact to the parents and mourning friends but they ridiculed the old man's statement and said the movement of the eyelids was owing to the nerves working after death. Their theory, however, did not satisfy the experienced man of eighty years, and he could not reconcile himself to her death. As soon as I reached home after having been out in the country all night, I was requested to see the child, to satisfy the old man that she was really dead. About half-past ten A.M. I called; and immediately on my entrance into the chamber I perceived a tremulous condition of the eyelids, such as we frequently see in hysterical patients. The penny-pieces had been removed by the grandfather. I placed a stethoscope over the region of the heart, and found that organ performing its functions perfectly and with tolerable force. I then felt for a radial pulse, which was easily detected, beating feebly, about 75 per minute. The legs and arms were stiff and cold; and the capillary circulation. I carefully watched the chest, which heaved quietly but almost imperceptibly; and immediately unbandaged the maiden, and informed her mourning parents that she was not dead. Imagine their consternation! The passing-bell had rung, the shutters were closed, the undertaker was on his way to measure her for her coffin and other necessary preparations being made for interment. I ordered friction to the rigid limbs, moderately warm flannel to be applied, and other restoratives: and in about two hours she spoke, and requested to be taken to her mother's room having been in the winding-sheet seven hours. She told her friends that she heard all they said, and knew they were laying her out; and that she heard the passing-bell ring, but could not speak. She passed a very large quantity of limpid urine; and refused food.

At four P. M. the following day she groaned heavily, bid the bystanders farewell, and relapsed into the same cataleptic state, and remained so six hours and fourteen minutes. I saw her in that state, and tried to raise her; she fell, listlessly regardless of position or danger; and in whatever form the body was placed, it remained. She took no food between the attacks, but asked for water to wet her lips; and requested that nothing more in the shape of food might be given her, for she did not wish to eat nor drink again until she did so in heaven. For a whole week she took nothing, but lay perfectly quiet with her eyelids firmly closed and her teeth in apposition. At the expiration of that time I told the parents of the patients that I considered it their duty to insist upon food being taken. She was coaxed and threatened, but all in vain. She would not answer any question put to her, and whatever food was forcibly put into her mouth she ejected. I then, by means of a gag and an elastic tube, fed her with beef-tea, arrowroot, and other nutritious food. At this time she commenced moaning, and continued night and day, never ceasing for ten days.

After this painful state of things her friends thought she must sink from exhaustion; but she did not appear to have sufficient power to stir; in whatever position she was placed, she remained, until changed by some attendants.

Her mother now drew my attention to the absence of kidney secretion, and assured me that for many days she had not voided urine.—As there were more utensils in the room than the one set apart for her special use, I desired all to be removed but one, taking care that no other person made use of it. Ten days elapsed, but still no urine was discovered. I then told her mother that it was impossible—perfectly inconsistent with life; and asked if there were any closet or secret place in the room to which she had access. There was one, but it was filled with dirty linen. I asked permission to search it, when I found most of the linen saturated with urine. She had watched the opportunity of her friends' absence, and gone quietly into this closet and relieved her bladder.

At two A. M. one morning, whilst her parents were sleeping, she got out of bed, set fire to various articles in the room, and made her escape into the street in her night-dress, crying, "Murder!" The fire was, fortunately, extinguished, through the great presence of mind of the father, though at considerable cost, his hands being badly burned. She now began swearing most blasphemously, and continued to do so without intermission for sixty-hours, after which she became exhausted, and relapsed into a state much ressmbling her former condition, in which state

she has continued to the present time. Her eyelids firmly closed, her teeth set fast, and muscles rigid. Her bowels are moved about once a week, and she passes urine daily into the bed; not, I believe, from any want of power of the sphincter. For the last month there has been great difficulty in feeding her by the mouth.—The determination she evinced to resist food was extremely annoying; but I felt inclined to be as determined as she, and from that time have fed her three times a day by the rectum, giving her about half a pint of strong beef-tea and wine, alternately with the same quantity of new milk, arrowroot, eggs, &c. After the first lavements, and when I was prepared to operate the second time, she raised her hand to her mouth, and repeated the movement two or three times, evidently wishing to convey the impression that she preferred food to be administered in a more agreeable manner; but I found on trying to give her food by the mouth, that she was obstinate as ever. I therefore persisted in administering food by the rectum. I ordered a certain number of biscuits to be placed on a chair near the head of the bed; the next morning they numbered one less. In the evening I requested the number might be made up, and three had vanished. We found unmistakable evidence that she had eaten them.

Dec. 4th.—Her friends beginning to despair of her, and feeling anxious to know what physical strength remained, as also whether she had the will to eat and power to masticate, I devised a scheme which, if carried out properly, would not only prove to her friends that she could open her eyes and mouth too if she thought she was unobserved, but in a great measure aid me in my diagnosis, and give me a hint as to my future treatment. I said in an audible tone, in the presence of the patient, that I insisted on the father and mother sleeping in another apartment; for she, by her conduct, was destroying their health. She should be locked in the room by herself all night.—Having said so, we arranged that the father should be secreted in a closet in the chamber, with the door sufficiently open to allow him to watch her movements through the night. At one A. M. she raised herself upright in bed, opened her eyes, looked all around the room, turned down the bedclothes, and got out of bed as nimbly as ever, and walked directly to a quantity of food, which had purposely been laid for her. She turned it over, tasted, and finally took a good supply into bed, quietly drawing the bedclothes over her.

8th.—It is five weeks to-day since she spoke to any one. Her eyelids have been closed the whole of the time, and her mouth, too, excepting when forcibly opened; the pulse has varied very little, between 70 and 80. Her body appears much better nourished.

Having now given a description of the case to the present time, it remains for me to give my opinion as to the nature of this mysterious case. Considering that her mother has been at times hysterical, and that there has been sufficient evidence of the early development of the generative organs in most of the female members of the family, coupled with most of the prominent features of the case before us, and from many trifling though important incidents which from defective memory I have omitted, I am inclined to consider it one of hysteria of an aggravated character, complicated probably with a morbid condition of the brain. I entertain hopes that, provided I can sufficiently nourish the body until the uterine organs are more fully developed, my patient may continue to be "*The Dead Alive.*"

I am, Sir, your obedient servant,

Richard Bird Nason, M.R.C.S., L.S.A.

*Bridge street, Nuneaton, December 14th*, 1858.

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*On the Hydrochlorate of Ammonia*, By M. J. Rae, M. D., Blackburn. Late Physician to the Fever Hospital, and Dispensary, Carlisle.

Although the value of new remedial agents, which are from time to time added to the pharmacopœias, may often admit of question, there can be no doubt of the great practical importance of ascertaining the therapeutic action of those medicines which have long held a place in the materia medica; and of determining the diseases which they have the power either of mitigating or curing, and also of determining their comparative value over other and similar remedies in the treatment of such affections. There are medicines possessing considerable and even great curative virtues which are seldom employed by practitioners; and this may be attributed partly to prejudice, to the rage for new remedies, to want of knowledge respecting them, and to other causes. The muriate of ammonia appears to me to be one of these; for although it has long formed part of the materia medica, it has been little used by practitioners in this country, except as an external application. Amongst continental physicians, however, it has been long esteemed as a valuable internal remedy in the treatment of many chronic and febrile disorders. Entertaining a very high opinion of its curative powers, I have prescribed it pretty extensively, in various diseases, for the last eight years in private and for the last four years in dispensary practice, and with satisfactory results. The hydrochlorate of ammonia, besides being liquifacient and resolvent, as mentioned by Sundelin, Wibmer, and others, appears also to possess considerable neurotic action, as is shown by its curative power in neuralgia and other nervous disorders. Its remedial influence is often

so rapidlymanifested in these affections as to preclude the idea of the effect being owing to any alterative or resolvent action; it seems more rational to refer it to a direct or peculiar influence of the salt on the nerves or their centres.

I have used the salt with marked success in goître, and am not aware of its ever having been tried before in the treatment of that deformity. In several cases, where the local application of the muriate was conjoined with its internal administration, the tumors—some of which were very large—rapidly diminished in size, and were soon reduced to the normal condition. It bared the whole of the cases (ten in number) in which it was tried, the period of cure extending from a fortnight to two months. The subjects of treatment were mostly factory girls, of ages varying from fourteen to twenty. To test the powers of the muriate fairly, it was given alone in mucilage, or infusion of quassia, and combined with soap liniment for external use.

As goître, from some unknown cause, prevailed here last year to a considerable extent, opportunities were thus afforded of contrasting the curative power of the muriate with iodine in this affection. Cases were selected where the tumors were nearly of equal size and duration, and where the age, temperament, general health, and sanitary condition of the individuals corresponded as nearly as possible; and in the cases treated with the muriate, which was used internally and locally, the tumors generally yielded as readily, sometimes more quickly, than in those subjected to the trial with iodine similarly employed, and apparently quite as permanently. The muriate appears to be a safe and sufficient substitute for iodine in the cure of bronchocele, and worthy of further trial. The hydrochlorate of ammonia is also a valuable remedy in hooping-cough. I was first led to make trial of it in the treatment of pertussis, from a belief that if the disorder was dependent—as it is considered to be by some pathologists—on an enlarged or morbid condition of the lymphatic glands, or that the exciting cause of the paroxysm, was owing, as is very probable, to the presence of irritating glairy mucus in the bronchial passages, the muriate, on account of its alterative power in glandular enlargements and diseased mucous structures, and its effect in promoting the healthy secretion of the mucous membrane in cases of bronchitis, accompanied with the discharge of tenacious, glairly mucus, ought to prove an excellent remedy in the treatment of that often troublesome affection. The result was most satisfactory. It was tried in thirty-seven cases, ten of which were private patients, and the rest home patients at the dispensary, which were, for the most part, under the charge of Mr. Langsford, house-surgeon to the institution, to whom I am indebted for

the efficient carrying out of the treatment, and for a report of the cases. Of the number, two died—one, a weakly nurse-child, aged three months and a half, on the third day of treatment, and fifteenth of the attack; the other, which had been under the *druggists* for a month previous to being brought to the dispensary, and was then almost moribund, died shortly after the commencement of the treatment. Both these were hopeless cases, and unfavourable for a fair trial of the medicine. There were two doubtful cases, the patients having been removed from town before the cure was completed. In the thirty-three remaining cases, the majority of which were of more than ordinary severity, the average period of cure was about twenty days. But, in most instances, when the patient was at all favorably placed, and came early under treatment, the disorder yielded in from nine to fifteen days.

The remedial influence of the muriate in the disorder is immediate and decided. Under its use the expectoration soon loses its irritating, glairy character, becoming bland and less tenacious and the paroxysms are rendered milder, less frequent, and of shorter duration; in fact, by its influence the little patient seems to be carried more easily, quickly, if not at the same time more safely through the attack than by the agency of any other remedy with which I am acquainted. In most cases, the muriate was given in mucilage, or with liquorice water, combined with an aromatic, and in doses of one to five grains, according to the age of the child, and repeated every four or six hours.

When pneumonic or bronchial complications existed, or were threatened, antimonial or ipecacuanha, with morphia or hyoscyamus, were added to the ordinary mixture. The only inconvenience observed to result from the use of the muriate was the occasional supervention of a slight mucous diarrhœa, which was easily checked, and did not interfere with the treatment.

I can confirm the favorable opinlon of other observers as to the efficacy of the muriate in enlarged lymphatic glands, and in indolent bubo and can confidently recommend it in scrofulous ulceration of the lymphatic glands. There are few more intractable cases to be met with in dispensary practice than those of extensive ulceration of the cervical lymphatic glands, which frequently occur in weak, under-fed, and badly lodged children. In several aggravated cases of this sort which have come under my own observation, some of which presented a chain of foul, ragged ulceration extending from ear to ear, the muriate acted with great rapidity; and in some instances, where iodine, syrup of iodide of iron, and other medicines, had no effect, the ulcerations quickly healed under its employment.

It is also a excellent remedy in many forms of cutaneous affections, more especially in the scaly variety. I have seen cases of psoriasis inveterata which had resisted the long-continued use of arsenic, iodine, and other remedies, quickly yield to its influence. It seems to me to have the most decided effect in those cases of psoriasis occurring in patients of dissipated habits, or when complicated with enlarged liver. It is also very useful in eczema and syphilitic squamæ. Drs. Watson, Ebden, and others, recommend the muriate in tic and facial neuralgia, and it certainly possesses very considerable curutive power over these painful affections, and particularly over that form of neuralgia mentioned by Dr. Watson, which is confined chiefly to the lower part of the face, and in a very troublesome variety affecting one or other side of the neck, and probably connected with a morbid condition of the cervical lymphatic glands.

The muriate like other remedies in neuralgia, does not succeed in every case; but in those cases in which it proves successful, the beneficial effect generally follows soon after its administration. In my hands the best results were obtained with it in neuralgia when it was given in the ordinary dose, and repeated every half hour or hour.

My experience of the muriate in catarrhus vesicæ, enlarged prostrate, muscular rheumatism, sciatica, and other analogous affections, has as yet been too limited to enable me to report with confidence on its value in their treatment; but judging from the result of the trials which I have made already with it in these disorders, I shink it deserves the high opinion enterta ned of it by René, Vaneye, Dr. Fuller, and others. Never having occasion to prescribe the salt in the large doses recommended by some authorities, I have not observed any irritant or injurious effects on the stomach, intestines or other organs, to follow its employment. When given to adults, in from five grain to scruple doses in mucilage or bitter infusion, with aromatics and anodynes, it may be continued for a considerable time without producing any unpleasant results. The ordinary dose to adults was from five te ten grains three or four times daily. It was seldom necessary to increase the dose beyond the latter quantity.

The muriate of ammonia is unquestionably a valuable medicine, possessing active curative powers; and having a wide range of action, and being cheap, and therefore the more likely to be pure, it is well fitted for hospital and dispensary practice and deserves more of the attention of the profession generally in this country than has hitherto been given to it.—[*Lond Lancet.*

*Use of the Essential Oil of Turpentine and Opium in Large Doses in the Treatment of Severe Puerperal Affections.*

In the discussion going on for the last three months at the Academy of Medicine in Paris, and which has attracted so much public attention, puerperal fever has been considered by the most competent authorities as a disease almost universally beyond the resource of art, at least in the present state of our knowledge; all the means hitherto employed have, almost without exception, proved useless. This melancholy confession of the inefficacy of medicine to subdue an affection which carries off so many women in the flower of their age, is unfortunately but too well founded when we speak of the severe epidemic form, but ought not, however, to be adopted as literally true. We have lately seen a case of very severe puerperal peritonitis, which M. Antoine has cured by the method above mentioned, and which Velpeau introduced many years ago. We have since seen two cases in Velpeau's wards, both cured in the same way. This plan of treatment is by no means new, for we remember to have used it with success some twenty years ago, but is not the less worthy of notice. It is the plan of Graves (of Dublin) which Trousseau has long employed with advantage in the treatment of puerperal illnesses: it consists in giving to lying in women attacked with metro-ovaritis, or phlegmonous inflammation of the broad ligaments, or peritonitis, or uterine phlebitis, &c., &c., opium and essential oil of turpentine in large doses.

Dr. Bonfils has just published, *in extenso*, in the "Bulletin Therapeutique," two very interesting cases of this kind. In the first the patient was attacked after her confinement with peritonitis and double pleuro-pneumonia, and was cured of this formidable complication after seven weeks' treatment. The other patient was attacked under similar circumstances, with a very severe general peritonitis, all the puerperal complications were rapidly checked by the plan of treatment recomended, but after the most marked improvement, which promised to end in a perfect recovery, she was seized with symptoms of hectic, which closely resembled that of pulmonary phthisis, and she finally sunk, owing, in all probability, to a purulent infection.

Opium and turpentine were administered in both cases in the following manner:—

In the first case Trousseau prescribed opium in pills, and turpentine in enemata; he gave at first 5 centigrammes of opium, in five pills, in the day; then the dose was raised to 8 centigrammes, in eight pills; then 10 centigrammes, in ten pills. The opium was continued for thirteen days.

Turpentine was administered at first in doses of 10 grammes, divided into two enemas; one was given morning and evening; then it was gradually increased to 20 grammes, 25 grammes, 80 grammes; this last dose was continued for fifteen days. The following was the formule adopted; essential oil of turpentine, 10, 20, 25, 30 grammes; yolk of an egg, water, 100 grammes; to be divided into two enemata; add to each enema five or six spoonfuls or gum water or linseed. The enema to be retained as long as possible.

In the second case the opium was likewise given in pills, in the dose of five centigrammes continued for three days. The essential oil of turpentine was administered by the mouth, in capsules, for six days; the patient took every day six capsules, each containing 1 gramme of the essential oil; she took two, morning, noon, and night.

M. Bonfils details the following as the physiological phenomena which were noted as occurring in both cases:—

In the second case, immediately after taking the capsules, the patient felt a sensation of intense heat at the pit of the stomach; a few minutes afterwards there was a very complete general reaction, characterised by heat of surface, general perspirations, increase in the volume and frequency of the pulse; then followed in succession confusion of vision, vertigo stupefaction, and after some time, itchiness of the skin.

The physiological phenomena were less pronounced when the turpentine was administered in enemata; they consisted in an immediate sensation of heat in the abdomen, a general but moderate reaction, slight vertigo, some confusion of ideas, slight disturbance of vision, and slight itchiness of the skin. Such were the phenomena which existed in the first case.—*Dublin Hospital Gaz.*, and *Braithwaite's Retrospe...*

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*Fæces.*—Fæces consist partly of undigested, partly of indigestible substances; their odor depends on volatile fatty acids: butyric acid, and capric acid also called fæcin. Sulphuric acid is employed as a test for fæces in cases of strangulated hernia, &c., after having first mixed them with water; the fatty acids are thus volatilized, and are then recognized by their smell. Sulphuretted and phosphuretted hydrogen are formed in the intestinal canal, and are partially absorbed by the fæces. The color of normal fæces is yellowish brown, from caprophæin, which is a product of biliphæin. Biliphæin does not occur as such in them. Caprophæin immediately strikes a red color with nitric acid. If the flow of bile into the intestinal tube be obstructed, the fæces assume a pale color. Soluble salts are found only in very small quantity in the fæces;

under the microscope, we observe portions of vegetable matter (spiral vessels), and from these the ashes of incinerated fæces derive their potash. The earthy phosphates are found in great quantity; in rachitis they are so abundant, that the ashes occupy almost as much space as the fæces did before incineration. Of iron there is scarcely a trace; the ashes are white.

The consistence of abnormal fæces may be natural, increased or diminished.

1. In fæces of natural consistence we do not find much that is abnormal. In affections of the bones, and especially in rachitis, the earthy phosphates are present, as has been observed, in excessive quantity. After the use of ferruginous remedies (which however, usually produce a thinner, porridge-like consistence), and after hemorrhoidal bleeding, we observe a darker, blackish-green color, derived from sulphuret of iron. The ashes then have a rusty brown color, whilst the ashes of vegetable coloring matters are white. Analysis does not show whether the iron is derived from the chalybeate preparations, which have been taken, or from blood. In thin fæces albumen may be sought for.

2. *Increased consistence* is observed after the ingestion of carbonate of lime (in spring-water, or as chalk, &c.) in abstinence from drink, in chlorotic patients, &c.

3. *Diminished consistence.*—Before examination, the portions which are not quite fluid should be dissolved or suspended in water. We may distinguish.

(*a*) Watery Discharges.—These contain soluble salts, which do not ordinarily occur in the fæces, and usually some biliphæin; their reaction is sometimes neutral, sometimes acid; in children this is owing to the presence of lactic acid.

(*b*) Serous Discharges.—The fluid floating above the solid portions contains albumen, although the solid parts do not contain blood (in which cases these portions would be of a greenish or brownish-black color). They have an alkaline reaction derived from carbonate of soda, sometimes also from ammonia, as in typhus, and are generally poor in caprophæin. They occur in chronic diarrhœa, dysentery, typhus, and cholera.

(*c*) Bloody Discharges.—They are either of a bright red color, from the lowest part of the intestinal canal, and exhibit blood-corpuscles under the microscope; or are darker colored in proportion as the effusion has taken place higher up in the tube; if they are derived from the stomach they are black as pitch. Iron may be demonstrated in the ashes and albumen in the fluid portions.

(*d*) Bilious Discharges are sometimes pap-like, sometimes watery, sometimes serous; they usually contain biliphæin instead of caprophæin. It is detected by means of Heller's test. Great importance is often ascribed to them, as they are supposed to be connected with an affection of the liver. When diarrhœa sets in rapidly, the first motions almost always contain biliphæin; this is, therefore, formed after the exhibition of purgatives, in the commencement of cholera, &c. Where biliphæin is long persistent (cholorrhœa) we may infer the existence of an affection of the liver. In dysentery the excretion of bile seems somewhat increased.

The green stools which occur during the use of mineral waters often proceed from sulphuret of iron. After calomel, they proceed from sulphuret of mercury, but we should remember in both cases that biliphæin passes off in the beginning, as during the administration of other purgatives.

(*e*) and (*f*) Mucous and Purulent Discharges are not easily distinguished. The microscope exhibits no diagnostic characters. In purulent stools the fæcal serum contains albumen. Mucus is found in the mass, as transparent lumps capable of being drawn out into threads; it is also often voided in this form without any fæcal mass. Pus is more equably intermixed; where ammonia is not present, and has not already affected the pus, the ordinary test for that secretion may be applied to these fæcal masses.

All diarrhœal discharges may become *ammoniacal;* it is a bad sign: we find a strongly alkaline reaction, and with it invariably crystals of ammoniaco-magnesian phosphate. This condition frequently attends purulent diarrhœa in typhus and puerperal fever. In dysentery the fæces may become ammoniacal without giving rise to an unfavorable prognosis, as the development of ammonia proceeds from the decomposition of of intermingled urea derived from the blood and serum.

*Biliary Calculi* are in general distinguished from conglomerated fæces by floating in water. They may consist of,

1. *Cholesterine*, which occurs in masses of all possible sizes, sometimes exceeding that of a pigeon's egg; such calculi are ordinarily white or slightly colored with biliphæin. Ignited on platina foil, they first melt and then burn with a yellow flame, forming much soot, and developing a smell of burning fat. They dissolve in boiling alcohol, from which the cholesterine precipitates on cooling in the form of white scales. It is by this process cholesterine is usually obtained.

2. *Cholesterine and Biliphœin.*—This is the most usual form of biliary calculi; they are of a brownish-yellow or dark orange color, and participate in the characters of Nos. 1 and 3.

3. *Biliphœin.*—These calculi are blackish-brown, do not fuse on platina foil, but burn with a faintly yellow flame. Extracted with solution of potash they give a dark orange-yellow solution, to which Heller's test is to be applied.

4. *Inspissated Bile.*—These are very common in the old; are usually small, black or green, very hard, and do not fuse when heated on platina foil. They are to be extracted with solution of potash, to which Heller's test for biliphœin and Pettinkofer's test of bilin are to be subsequently applied.

5. *Carbon.*—(Demonstrated by Berzelius); these are rare, do not fuse, and are insoluble in all re-agents.—[*Heller, by Dahl,* and *Medical News.*

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*Experiments on the action of caffein.*—Stuhlmann and Falck, of Marburgh, have made a series of thirty-eight experiments with caffein, on dogs, cats, rabbits, birds, frogs, snakes, and fishes, clearly showing that caffein is a poison, that will kill in comparatively small doses, and in a short time. Thus five centigrammes, (about $\frac{8}{10}$ gr.) introduced beneath the skin of frogs and toads, determined local irritation, and of the organs of locomotion. Synchronous with this, or somewhat later, there is found hyperæsthesia of the nervous centres, with tonic, cataleptic and tetanic cramps, and sometimes anæsthesia and paralysis.

In one case, the injection of 5 centigrammes into the veins of a cat brought on death in a few minutes. A smaller dose produced death in a few hours. In addition to the tonic and clonic spasms, there was observed salivation, liquid stools, disturbed respiration and circulation dilatation of pupils, reduction of temperature and anæsthesia. A like dose, introduced under the skin, excited salivation and vomiting, then adynamia, very laboured respiration, reduction of temperature, with a tendency to fright and spasmodic and paralytic phenomena.

Large dogs were not destroyed when 5 centigrammes were given by the stomach. But a dog who had survived such a dose succumbed in two minutes after the injection of a like quantity into the jugular; while another, larger and older, was not destroyed by the injection of 25 decigrammes in *the crural vein.* (This difference of result is remarkable; was it on account of the size and the race of the animal, or the vein into which the injection was made? It is unfortunate that this experiment was not repeated.) Whatever the modes of administration, dogs were purged, and food in the stomach produced vomiting. Rabbits died in an hour or an hour and a half, with 3 decigrammes to 5 decigrammes, presenting symptoms analogous to those exhibited by the dogs.

Microscopic examination exhibited no alteration sufficient to explain the death. There was only found an inequality in the distribution of the blood, only hyperæmia of some and anæmia of other organs; the heart, liver, and larger vessels contained much black blood, possessing all the characteristics of venous blood. All the other alterations were insignificant.

The pathological disturbances caused by caffein are of different kinds; but the most important occur in the nervous system. It destroys by exhaustion of nervous power, and seems to act especially upon the heart and the parietes of the vessels.—*Archiv für pathologische Anatomie and Physiologie.* L. H. S.

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*The action and uses of digitaline*—MM. Homolle and Quevenne have stated, as the result of their experience, that, in doses of one seventy-fifth of a grain, given three times a day, this substance acts as a diuretic in general dropsy, and with great speed and efficacy in reducing the effusion; and that it is not rendered more certain by any material increase of the dose. They further found that, in about double this dose, and sometimes in the same dose, it reduces greatly the frequency of the heart's action; and that the dose cannot reach the one-twelfth of a grain without producing nausea and symptoms of incipient poisoning. Dr. Christison, in the Monthly Journal of Medical Science, January, 1855, gives us the results of his experience of its use. He believes it to be an energetic diuretic and sedative. His first two trials of it were made in cases of extensive renal anasarca. In one case, diuresis commenced towards the close of the second day, and in the other a day later; in both the flow was profuse, and the œdema entirely disappeared. He commends strongly the use of such diuretics as digitalis, squill, and bitartrate of potash, in renal dropsy. He has not found them, except in one instance, increase the albumen in the urine; and believes they have been shunned on grounds purely theoretical and baseless. It is the same with digitaline. In the first of the two patients, the albumen quickly and greatly diminished; in both it disappeared at last, but in one, after some days, reappeared, but in diminished proportion. In one instance, great depression of the heart's action was brought on, instead of a flow of urine. He thinks it very likely that diuretic and sedative actions do not concur. He gave it in the doses recommended by Homolle and Quevenne.—*Association Med. Journal, June* 15, 1855, *p.* 565.

# The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS, DIGNITATEM ARTIS MEDICÆ TUERI.

VALEDICTORY.—With this number the publication of the *Medical Chronicle* ceases. During the six years which it has existed the *Chronicle* has not been the organ of any party or cliqne. Its pages have been open to communications from any quarter in the profession, and to writers in the two languages spoken in Canada—English and French. Indeed, the aim of the editors has always been to make it the representative of the varied interests of the profession in this Province—the medium by which members could communicate with each other, and the repository of such original observation and research as may have from time to time engaged the attention of practitioners. In the Review and Editorial departments, for which they were alone and entirely responsible, they always endeavoured to be impartial in their strictures and criticisms, and although occasionally obliged to differ widely in opinion from others, they fully believe they close their editorial career without having made an enemy.

The reasons which have determined the publishers in stopping, or at least suspending for the present, the publication of the *Chronicle*, are various. One of the principal, we may mention to our readers, is the advent of the new Postage law, which imposes a sum of Two Pence on each number of the Journal sent through the Post-office. This, if paid by the Proprietors, would make the Journal, with its present subscription list, a losing enterprise. From the first year of its issue up to the termination of last year, it has merely paid expenses, no profit whatever accruing to either the former or present proprietors. A large sum is now due to Messrs. Dawson & Son for the past year, and much will depend upon the promptitude with which these subscriptions are paid as to whether or not they will re-assume the responsibilities of publishing a Medical Journal.

The Editors offer their sincere thanks to all those who have faithfully supported the *Chronicle* by contributions to the original department of its pages.

Medical Graduates, McGill College, 1859.—At the Convocation held at McGill College, May 5th, 1859, the degree of M.D. was conferred on twenty-two gentlemen. Their names, with subject of their theses, are as follows:—

John Rambaut, Montreal, C.E.—Tropical Dysentery.
James J. O'Dea, Toronto, C.W.—Compression of Brain.
Andrew W. Hamilton, Dundas, C.W.—Puerperal Hæmorrhage.
William A. Duckett, St. Polycarpe, C.E.—Corpus Luteum.
Edward W. Smith, Montreal, C.E.—Hysteria.
James McIntosh, Montreal, C.E.—Necrosis.
James Stephenson, Prescott, C.W.—Croup.
Thomas Keiler, Brantford, C.W.—Phthisis Pulmonalis.
Philippe Giroux, Three Rivers, C.E.—Pneumonia.
S. Arthur Carter, Nelson, C.W.—Cirrhosis.
Irvine Bogart, Belleville, C.W.—Glucosuria.
E. Gilbert Provost, Boucherville, C.E.—Vaccine.
Stephen Wright, ——C.E.—Scarlatina.
Robert W. Carroll, Woodstock, C.W.—Paraplegia.
William Rumsey, Ingersoll, C.W.—Purulent Ophthalmia.
Patrick O'Leary, Montreal, C.E.—Tetanus.
Walker H. Marr, Simcoe, C.W.—Morbus Coxarius.
George W. Hurlburt, Prescott, C.W.—Acute Laringitis.
Samuel S. Macklem, Chippawa, C.W.—Rhus Toxicodendron.
Linus O. Thayer, Montreal, C.E.—Strabismus.
Edward T. Roberts, Montreal, C.E.—Acute Hydrocephalus.
Wm. M. H. King, St. Sylvester, C.E.—Intestinal Worms.

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Primary Examinations.—The following gentlemen passed their primary examinations for the degree of Doctor of Medecine and Surgery, at the close of the winter session 1848-59, in the University of McGill College:

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| Louis Robitaille. | John W. Pickup. |
| Jno. Rolph Malcolm. | Edwin Hulbert. |
| H. Adolphe Mignault. | Alexander Ault. |
| Gustave Chevalier. | Herbert H. Read. |
| Henry Warren. | Thomas Tait. |
| Adolphe Robillard. | Robt. W. Burnham. |
| Geo. L. MacKelcan. | Chs. Battersby. |

Israel W. Powell.

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McGill College—Prizes for 1859.—For the three University Prizes the successful competitors were—

*For best Thesis.*—Mr. Edward W. Smith, Montreal. Subject of Thesis—Hysteria.

*For best Final Examination.*—Mr. James J. O'Dea, Toronto.

*For best Primary Examination.*—Mr. Henry Warren, Whitby.

*Professor's Prize in Materia Medica* for best Essay on the "Action and Uses of Wine," was awarded to Mr. Chas. Battersby, Toronto.

*Professor's Prize in Clinical Medicine* for the best six reports of cases under treatment in the Montreal General Hospital, was carried off by Mr. James McIntosh, Montreal.

*Professor's Prize in Clinical Surgery* for the best six reports of cases under treatment in the Montreal General Hospital, was awarded to Mr. James Stephenson, Prescott.

Do. do. do. for the best written answers to a series of questions on subjects in Clinical Surgery lectured on during the Session, was likewise awarded to Mr. James Stephenson, Prescott.

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## LONDON CORRESPONDENCE.

No. 13.

London, 8th April, 1859.

The profession in the Metropolis has lately been in a state of unusual excitement at the discovery of the remains of *John Hunter*, in the vaults of the church of *St. Martin in the Fields* which, as most of your travelled readers will recollect is situated at the north east angle of Trafalgar square. His re-interment took place in Westminister Abbey on Monday, the 28th March, and was attended by many hundred medical men from all parts of the country and the metropolis, and representing various public bodies and classes of the profession. If it will be any satisfaction to the profession in Canada to know that there were two men from their own body present on this occasson, I may state that Dr. Logan and myself—two graduates of McGill College—witnessed the last and final rites paid to Hunter's remains. It has been entirely owing to the exertions of Mr. Frank Buckland, the son of the celebrated Dean of Westminister of Geological renown, that the coffin containing Hunter was discovered in the vaults. For years he has made many efforts to obtain a view of it without success, as its exact position could not be ascertained. A recent order in Council to close up the vaults of most of the churches in the Metropolis, a part of the sanitary movements now going on in this immense city, gave an opportunity to Mr. Buckland of searching again, and ultimately securing the precious remains of Hunter. I was assured by himself that several times he was upon the point of giving up the matter in despair, but on examining several hundred coffins in succession, they came upon one at the corner of the vault on the stone floor, upon which dozens of others had long lain

piled, and this turned out to be Hunter's. The coffin was covered with black cloth, in some places torn and destroyed, and was studded with gilt nails and ornaments. The bottom of the coffin was rotten and had to be replaced, whilst the leaden coffin within had several small holes through which there was a strong odour exuding. A desire was expressed to view the interior, but that was opposed by Mr. Wm. Hunter Baillie the grand nephew of Hunter. It was removed to the Abbey on Saturday evening, the 26th, and temporarily placed in Abbot Islip's Chapel. On Monday the 28th, I repaired to this spot at 2 o'clock, and found Mr. Buckland present, taking several impressions on tissue paper of the original brass plate, by rubbing them over with black lead. One of these I have secured for myself. The family arms were engraved on the upper part, encircled by a rich scroll, and beneath was the following inscription:—

"John Hunter,
Esq.
Died, 16th October,
1793.
Aged 64 years."

Underneath this again, was another plate just attached, mentioning that—

"These remains were removed
from the Church of
St. Martin in the Fields,
By the
Royal College of Surgeons of
England.
March 28th, 1859.

At four o'clock a large number of persons had assembled at the Jerusalem chamber to attend the re-interment, there could not have been less than 700, among whom were several ladies. The procession then entered the Abbey, proceeded up the nave to Abbot Islip's Chapel, when the bier with coffin raised on men's shoulders so that it could be seen by almost every one was laid hold of; the procession then moved on, round St. Edmund's chapel, down the south aisle, across the west end of the nave, and then up the north aisle to the grave between the third and fourth columns. The coffin was then lowered in its final resting place, which is between Sir R. Wilson and Ben Jonson. I may mention *en passant* that the skull of the latter was handed about and examined, and a friend close by showed me some of his hair and one of his bones

which possessed a gloss from friction in his pocket, not unlike that of ivory. This closed the ceremony. Hunter's life is so well known to our profession throughout the world, that I refrain from referring to his labours, a monument of which has been left by himself in the Museum of the College of Sugeons which will never be surpassed. A monument of another kind however, composed of pink granite from the quarries of Peterhead in Scotland, is to be erected near to the spot where now lies his remains, after a repose of 65 years in the church of St. Martins in the Fields. Whilst taking leave of Hunter, I must say a word of *Harvey*. I should not be surprised if in a short time the college of Physicians bestir themselves to collect the bones of Harvey for interment in the same venerable pile which contains those of his compeer Hunter. Harvey is buried in the village church of Memel, Hempstead in Essex, about 40 miles from town; his remains are beneath an elevated family pew, and any visitor to the place when shown the coffin of the immortal discoverer of the circulation of the Blood, hears the rattling of his bones by the sexton, as part of the ceremony of exhibition. I intend very shortly to visit the spot, and will give your readers an account of it on another occasion.

Since my last letter we have obtained a *Medical Reform Bill* which promises to work wonders in a little time. No person who is not registered according to the provisions of the "New Medical Act" as it is called, will be permitted to practice any branch of Medicine, nor even to assume the title of a physician, surgeon, or apothecary without prosecution. The 15th section provides for the registration of persons now qualified and of those who may hereafter become so. The fee demanded for registering the former, that is to say, all those who were qualified according to the provisions of the act *before* the 1st January of the present year is £2, and those who obtain their qualifications *after* that date £5. The various qualifications are enumerated in the schedule A of the Bill, and these comprise all the Universities and Colleges throughout Great Britain and Ireland. The eleventh and last clause of the schedule runs as follows, I give it entire because it interests Colonial Graduates:—

"Doctor of Medicine of any Foreign or Colonial University or College, practising as a Physician in the United Kingdom before the 1st day of Oct., 1858, who shall produce certificates to the satisfaction of the Council of his having taken his degree of Doctor of Medicine after regular examination, or who shall satisfy the council under section 45 of this Act, that there is sufficient reason for admitting him to be registered."

The provisions for Colonial Graduates was a concession in favour of the very few men, I believe but three, who are practising in England. I call it a concession because my fears were at one time very strong, that any thing Colonial would have been cast to the winds. To give you an idea of the exclusiveness entertained by some people in relation to these questions, I may state, that before the Bill passed, I was present at a meeting of the Council of the Metropolitan Counties Branch of the British Medical Association, when its various clauses were discussed. I spoke in favour of Colonial Graduates not being altogether ignored, especially as provision was made in favour of Foreign Graduates, and I was told by Dr. A. P. Stewart (one of the Physicians of the Middlesex Hospital) that we had enough to do for ourselves without legislating for the colonies. The liberality of the times however, is such, that the great privilege of equal justice to all was most fully recognized in the Bill. And I have great pleasure in quoting a remark of Dr. Hawkins the Registrar under the new act "that we have no reason indeed to be ashamed of our colonies, for we are justly proud of everything relating to them. When it is stated that we have obtained redress of all our grievances after upwards of 20 years incessant agitation in the matter, it will show what perseverance will effect. Medical Reform would long ago have been granted had there been anything like unity of action among the profession.

*The existence of Cellulose in the body questioned.*—You may remember almost 5 years ago, in one of my letters which appeared at page 38 in the 2nd volume of your Journal, I announced the discovery by Virchow of cellulose in the Brain and other parts of the nervous system; this substance has since been recognised in other parts of the body. A refutation of Virchow's views was brought before the Pathological Society on Tuesday evening the 5th inst., by Mr. Ord and Dr. Bristowe of St. Thomas' Hospital, who principally relied upon the absence of the cross in employing polarized light as showing that these bodies were not cellulose but some modification of fibrine. A mere abstract of their paper was read, but it will be published *in extenso* in the Transactions during the summer. They have performed many hundreds of experiments upon man and animals, but so far as I am enabled to form an opinion from what was related at the meeting, Virchow's remarkable and interesting discovery will still hold good, as the grounds of objection appear to be in reality of a very trivial character.

*Excised Knees.*—A most curious and novel sight occurred the other night at the London Medical Society, which took my fancy very much. Mr. P. C. Price, a young surgeon of great promise, a protegé of my

friend Mr. Ferguson, and who has at the same time performed most of the capital operations, read a paper on some of the causes of failure following the operation of Excision of the knee Joint, in which he most ably considered the subject, and very satisfactorily showed that the want of a successful issue depended upon circumstances which might have occured had amputation been performed. At the conclusion of his paper, some 10 or more male and female persons walked into the room, each of whom had undergone resection of one of their knees, and who were living proofs of the value of a limb without a joint. One lad could walk his 14 miles a day, without inconvenience or fatigue, all were in excellent health. The sight was rather amusing too, for both males and females had their knees exposed whilst walking up and down to show their anarthrodial agility. Mr. Price is engaged in the preparation of a Treatise on Excision of the knee, which will be copiously illustrated, and at the same time will contain an account of every operation that has been done up to the year 1858.

The last Canadian Graduate who came under my notice was Dr. James S. Duncan, who called upon me the day before he went up for his examination at the army Medical Board, which I need not say, he passed most agreeably and satisfactorily. He is now in India, in fact he was but a short time at Chatham before being ordered on foreign service.

I hope soon to write again.

G.

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(*To the Editors of the Medical Chronicle.*)

Messrs Editors.—I perceive by a recent number of your very respectable Journal, that a case of single Placenta, with double funis, has been recorded by a young practitioner in Ottawa, as something unique and unheard of, and it is further stated that the fact has not been noticed by any of our leading authors on midwifery. If the gentleman who reported the case in question turns up Burns's Midwifery, Section 9, Chapter 16, he will find there written:

"Two cords have been met with connected with one Placenta or with two Placenta, belonging to one child."

Your very obedient servant,

A. B. C.

## QUARTERLY REPORT OF THE MONTREAL GENERAL HOSPITAL, ENDING 22ND APRIL, 1859.

| | | |
|---|---|---|
| Patients remaining from last Quarter, | | 81 |
| Do. admitted present Quarter, | | 142 |
| | | 223 |
| Died during the Quarter, | 5 | |
| Now in Hospital, | 64 | |
| Discharged, | 154 | |
| | | 223 |

| IN-DOOR PATIENTS. | | OUT-DOOR PATIENTS. | |
|---|---|---|---|
| Males, | 76 | Males, | 813 |
| Females, | 66 | Females, | 1114 |
| | 142 | | 1927 |

DISEASES AND ACCIDENTS.

| Diseases, &c. | Admitted. | Died. | Diseases, &c. | Admitted. | Died. | Diseases, &c. | Admitted. | Died. |
|---|---|---|---|---|---|---|---|---|
| Abscessus, | 2 | | Emesis, | 1 | | Paralysis, | 1 | |
| Ambustio, | 2 | | Enchondroma, | 1 | | Paraplegia, | 2 | |
| Amputatio, | 2 | | Endocarditis, | 1 | | Pericarditis, | 1 | |
| Anæmia, | 1 | | Eneuresis, | 1 | | Phthisis, | 9 | |
| Anasarca, | 3 | | Erysipelas, | 1 | | Pleuritis, | 1 | |
| Aneurismus, | 1 | 1 | Favus Confertus, | 1 | | Pneumonia, | 1 | 1 |
| Arthritis, | 1 | | Febris Com. Cont., | 8 | | Polypus Nasi, | 1 | |
| Bronchitis, | 8 | | Fistula, | 1 | | Psora, | 1 | |
| Bubo, | 1 | | Fractura, | 3 | | Ptyalismus, | 1 | |
| Calculus Renal, | 1 | | Gangrena Sen., | 1 | | Rheumatismus Acut. | 3 | 1 |
| Caries Spualis, | 3 | | Gelatio, | 1 | | " Chronic | 9 | |
| Catarrhus, | 2 | | Hæmoptisis, | 2 | | Rubeola, | 1 | |
| Cephalalgia, | 2 | | Hæmorrhoides, | 1 | | Scarlatina, | 1 | |
| Conjunctivitis, | 4 | | Hysteria, | 1 | | Sclerotitis, | 1 | |
| Contusio, | 3 | | Inebrietas, | 1 | | Sphacelus, | 1 | |
| Corneitis, | 2 | | Influenza, | 4 | | Staphyloma, | 1 | |
| Cynanche Pharyngea | 2 | | Laryngitis, | 1 | | Synovitis, | 1 | |
| " Tonsill, | 1 | | Luxatio, | 1 | | Syphilis, | 1 | |
| Cystitis, | 1 | | Morbus Cordis, | 1 | 1 | Ulcers, | 8 | |
| Delirium Tremens, | 7 | | " Coxæ, | 1 | | | 11 | |
| Dysenteria, | 1 | 1 | Odontalgia, | 1 | | | | |
| Eczema, | 2 | | Orchitis, | 1 | | | 142 | 5 |

OPERATIONS, &c., DURING THE QUARTER.

*Major Operations.*—Amputations: of hands, 2; of toes, 2; of thumb, 1. Removal of epithelial cancer, 1; of encysted tumour, 1; of fibrous tumour, 1; of sequestra, 2; of nasal polypus, 1. Total, 11.

By Dr. McCallum.—On April 30th: Ligature of femoral artery.

By Dr. Campbell.—Removal of loose cartilage from knee-joint.

*Fractures.*—Ununited, treated by friction and starched bandages, 1.

*Recent.*—In-door, 3; out-door, 3. Total, 7.

*Dislocations reduced.*—Humerus, 1.

*Minor Operations.*—Venesections, 3; Cuppings, 17; Starched Bandages applied, 13; Ulcers, &c., strapped, 37; Wounds dressed, 26; Abscesses opened, and other incisions, 92; Teeth extracted, 117. Total, 305.

*Attending Physicians.*—Drs. McCallum and Scott.

ROBERT CRAIK,
House Physician and Surgeon.

# MEDICAL NEWS.

Hirschfelt, the Chef de Clinique de l'Hotel Dieu, and great writer on the nervous system, has been lately appointed Professor of Anatomy in the Imperial Academy of Warsaw. The appointment is remarkable from the fact that it is the first instance of a Jew being allowed to hold office in Russia..... Mrs. Ann Martin, a wealthy huckster of Detroit, has donated to that city landed property to the value of $20,000 for use as a Free Hospital..... The Emperor of Austria, it is reported, is suffering under some serious cerebral symptoms, which are supposed to be the results of the injury inflicted on him when struck by the dagger of a man who attempted to assassinate him some years ago..... A German savant has taken the trouble to count the number of hairs existing in four heads of hair, of different colours. He found in a blond 140,409 distinct hairs; in a brown, 109,440; in a black, 102,960; and in a red, 88,740..... The young Princess Windischgrätz has been accidentally poisoned by chloroform, having inhaled too strong a dose for the relief of a headache, to which she was liable..... A gentleman of Exmouth, named Hayne, has recently died, leaving the Devon and Exeter Hospital a legacy of £15,000, and large sums to the Blind and Deaf and Dumb Institutions of Exeter..... Four hundred doctors dined recently in the grand hall, Hotel du Louvre, to celebrate the defeat of the homœpaths, in their action for libel against "Le Journal de Medicine."..... A Quack in a canton of Switzerland having told a girl that her "spasms" were owing to her having been bewitched by the wife of a tradesman in the neighbourhood, was condemned by the court before whom the matter was brought to damages and to imprisonment for his impudent calumny, and £28 fine, with costs, for illegal practice..... It was once observed that the College of Physicians, London, cut a very sorry figure by the side of its newly-painted neighbour, the Union Club. "Oh!" quoth a wag, "the reason is obvious—they have painted their's in distemper."..... Five young Persians have arrived in Paris from Teheran; two of them to study medicine, two to be educated in military schools, and the fifth, who is a nephew of Feruck Khan, to be an outdoor pupil of one of the principal colleges..... THE TESTIMONIAL MANIA. The Halifax (Eng.) Courier says:—"It is actually intended to present a testimonial to the man Hodgson, of Shipley, from whose shop was purchased the arsenic used in the lozenges which poisoned so many people in Bradford some months ago." This mania is becoming a public nuisance..... PORSON'S ESTIMATE OF DOCTORS. "Porson thought meanly of all the science, and hated consulting physicians. He once said to me: 'I have been staying with Dr. Davy at Cambridge; I was unwell, and he prevailed upon me to call in a physician, who took my money, and did me no good.' He once was declaring that he had not the slightest dread of death, and that he despised *fabulæ aniles*, when Dr. Babington said to him:—'Let me tell you, Porson, that I have known several persons, who, though when in perfect health they talked as you do now, were yet dreadfully alarmed when death was really near them.'" *Rogers's Porsoniana.* ..... A LARGE MEDICAL FEE. Scanzoni of Wurzburg attended the Empress of Russia in her last confinement, and received for his services $25,000..... Dr. Elizabeth Blackwell, who for several years has practised medicine in this

city, is now astonishing and alarming many of the good people of London by appearing there as a public lecturer to ladies on medicine, hygeine, and other topics in which her auditors are supposed to be specially interested..... Medical Costume in Japan. The difference of sex, and even distinction of profession, is generally exemplified by the mode of dressing the head; the men usually shave the hair from the front and crown, and gather the rest together in a sort of coil on the bald part; priests and physicians shave off all their hair, while surgeons retain the whole.

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Medical Epitaphs.—A prolonged medical statement of the disease of which the departed may chance to have died, is extremely popular. At Acton, in Cornwall, there is this account of how one Mr. Morton came by his end:

"Here lies entombed one Roger Morton,
Whose sudden death was early brought on;
Trying one day his corn to mow off,
The razor slipped and cut his toe off:
The toe, or rather what it grew to,
An inflammation quickly flew to:
The parts they took to mortifying,
And poor dear Roger took to dying."

And here is still a more entertaining one, upon a certain lady in Devonshire; singularly free from any nonsensical pretence or idle bravado:

"Here lies Betsy Cruden,
She wood a leaf 'd but she cooden,
'Twas na grief na sorrow as made she decay,
But this bad leg as carr'd she away."

Whenever I read (and it is often) of folks who were passionately desirous to leave this vale of tears, I shake my head, and quote the simple-minded Betty: "For all this," says I, "they wood a leaf'd but they cooden."

There is a distressing inaccuracy of metaphor in the following south country elegy, but the meaning is painfully distinct:

"Hers lies two babes as dead as nits,
They was cut off by ague fits."

A doctor of divinity, who lies in the neighborhood of Oxford, has his complaint stated for him with unusual brevity, as well as his place of interment:

"He died of a quinsy,
And was buried at Binsy."

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